

UNITED STATES DEPARTMENT OF AGRICULTURE

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NATIONAL ADVISORY COMMITTEE ON

MICROBIOLOGICAL CRITERIA

FOR FOODS

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PLENARY SESSION

+ + + + +

FRIDAY,

SEPTEMBER 22, 2006

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The meeting convened in the Conference Room of the USDA Cafeteria, 1400 Independence Avenue, S.W., Washington, D.C., at 8:30 a.m., Robert E. Brackett, Ph.D., VICE-CHAIRPERSON, presiding.

EXECUTIVE COMMITTEE MEMBERS PRESENT:

ROBERT E. BRACKETT, Ph.D., Vice-Chairperson
LEEANNE JACKSON, Ph.D., FDA Liaison
BRADFORD W. HILDABRAND, D.V.M., M.V.P.M.,
Defense

Department Liaison

DAVID GOLDMAN, M.D., M.P.H., FSIS Liaison
GERRI RANSOM, M.S., Executive Secretariat
KAREN THOMAS-SHARP, Advisory Committee Specialist

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COMMITTEE MEMBERS PRESENT:

DR. GARY ADES
DR. LARRY BEUCHAT
DR. KATHRYN BOOR
DR. SCOTT BROOKS
DR. PEGGY COOK
DR. DANIEL ENGELJOHN
MR. SPENCER GARRETT
DR. LINDA HARRIS
DR. WALT HILL
DR. MICHAEL JAHNCKE
DR. LEE-ANN JAYKUS
LTC. ROBIN KING
MS. BARBARA KOWALCYK
DR. JOSEPH MADDEN
DR. ALEJANDRO MAZZOTTA
DR. ANN MARIE McNAMARA
DR. JIANGHONG MENG
DR. DALE MORSE
MS. ANGELA RUPLE
DR. DONALD SCHAFFNER
MS. VIRGINIA (JENNY) SCOTT
DR. JOHN SOFOS
DR. STERLING THOMPSON
DR. IRENE WESLEY
DR. DONALD ZINK

MEETING PARTICIPANT PRESENT:

DR. JIM WITHEE

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P R O C E E D I N G S

(8:33 a.m.)

VICE-CHAIRPERSON BRACKETT: Well, good morning, everybody, and welcome, and I'd like to welcome all of our members, as well as our guests to this final plenary session of the 2004 - 2006 National Advisory Committee on Microbiological Criteria for Foods.

I am Dr. Robert Brackett, and I'm the Vice-Chair of the Committee and the Director of FDA's Center for Food Safety and Applied Nutrition.

Unfortunately our Chair, Dr. Richard Raymond, who is the Under Secretary for Food Safety at USDA, is unable to be here today due to another obligation, and he does send his sincere regrets that he cannot be here for this meeting.

As most of you know, the plenary session brings to a close the current two-year cycle of this Committee that began on September 23rd, 2004. The Chair and I want to

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1 mention that our 2004-2006 Committee has been
2 extremely productive in assisting our
3 participating food safety agencies with a
4 variety of typically complex food safety
5 issues, and our members have provided an
6 invaluable service in lending their expertise
7 to our nation's food safety programs, and we
8 are appreciative of that.

9 (In 2004 through 2006) The
10 Committee is to be commended for their hard
11 work and sound scientific advice provided in
12 the reports, and for the important role that
13 they played in helping provide us with a
14 scientific foundation, very important, for
15 regulations and programs aimed at reducing
16 foodborne diseases and also enhancing general
17 public health in the United States.

18 Preventing and reducing foodborne
19 illnesses is a continuing challenge, and the
20 reports that this Committee adopts are a vital
21 part of our success in these areas. These
22 reports provide us with the latest information

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1 and serve as guidance and as part of our basis
2 for science-based decision making in the
3 regulatory agencies.

4 On behalf of the full Committee
5 and the federal agencies that sponsor NACMCF,
6 I would like to thank each of you for your
7 service on the 2004-2006 Committee and the
8 valuable time that you have given in support
9 of the activities of this Committee.

10 At this time I think what we'd
11 like to do is go around the table and have the
12 Committee members introduce themselves and
13 state their affiliations, please. And I guess
14 we'll start over with Dr. Thompson.

15 DR. THOMPSON: (Speaking from an
16 unmiked location.) (Hershey Foods Corporation)

17 DR. MENG: Jianghong Meng,
18 University of Maryland.

19 DR. MORSE: Dale Morse, New York
20 State Department of Health.

21 LTC. KING: Robin King, Department
22 of Defense.

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1 DR. BEUCHAT: Larry Beuchat,
2 University of Georgia.

3 DR. MADDEN: Joseph Madden, Neogen
4 Corporation.

5 DR. JAYKUS: Lee-Ann Jaykus, North
6 Carolina State University.

7 DR. MAZZOTTA: Alejandro Mazzotta
8 with McDonald's Corporation.

9 DR. McNAMARA: Ann Marie McNamara
10 with Silliker, Inc.

11 DR. HILL: Walt Hill, Institute
12 for Environmental Health.

13 MS. KOWALCYK: Barbara Kowalcyk,
14 Safe Tables Our Priority (STOP).

15 DR. JAHNCKE: Michael Jahncke,
16 Virginia Tech.

17 DR. BROOKS: Scott Brooks, Food
18 Safety Net Services.

19 DR. HARRIS: Linda Harris,
20 University of California, Davis.

21 MR. GARRETT: Spencer Garrett,
22 NOAA Fisheries, and on my immediate left is my

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1 special assistant Emille Cole, also with NOAA
2 Fisheries.

3 MS. RUPLE: Angela Ruple, also of
4 NOAA Fisheries.

5 DR. ADES: Gary Ades, EHA
6 Consulting.

7 DR. BOOR: Kathryn Boor, Cornell
8 University.

9 DR. COOK: Peggy Cook, Safe Foods
10 Corporation.

11 DR. SCHAFFNER: Don Schaffner,
12 Rutgers, the State University of New Jersey.

13 DR. SOFOS: John Sofos, Colorado
14 State University.

15 DR. WESLEY: Irene Wesley,
16 Agriculture Research Service, National Animal
17 Disease Center, Ames, Iowa.

18 DR. ENGELJOHN: Dan Engeljohn,
19 U.S. Department of Agriculture, Food Safety
20 and Inspection Service.

21 DR. JACKSON: LeeAnne Jackson,
22 Food and Drug Administration, Center for Food

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1 Safety and Applied Nutrition.

2 MS. RANSOM: Gerri Ransom, Food
3 Safety Inspection Service.

4 DR. GOLDMAN: David Goldman, the
5 Office of Public Health Science at the Food
6 Safety and Inspection Service.

7 LTC. HILDABRAND: Brad Hildabrand,
8 Department of Defense, Veterinary Service.

9 VICE-CHAIRPERSON BRACKETT: Dr.
10 Zink just joined us. Name and affiliation,
11 please.

12 DR. ZINK: Don Zink, Food and Drug
13 Administration, Center for Food Safety and
14 Applied Nutrition.

15 VICE-CHAIRPERSON BRACKETT: Okay.
16 I think we've gotten everybody here.

17 Okay. At this time I'd like to
18 turn the floor over to Gerri Ransom, our
19 Executive Secretary, who can provide you with
20 some additional information for the day.

21 MS. RANSOM: Good morning and,
22 again, welcome. As always, please let Karen

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1 and I know if you need any assistance and
2 we'll get something for you if you need it.

3 We've already figured out how to
4 work the microphones, but just push the button
5 until you see the red ring and that will tell
6 you it's on.

7 Just a quick reminder on some
8 meeting procedure for today. When you'd like
9 to speak, please take your name card and set
10 it vertically. That will alert Dr. Brackett
11 to call on you.

12 I wanted to mention for any guests
13 wishing to make public comment, we ask that
14 you please register with our folks out front.

15 Public commenters will each have ten minutes
16 for remarks.

17 I also want to point out to our
18 guests that we have a table out front where
19 you can find copies of NACMCF documents. So
20 feel free to take copies of what interests
21 you, and any guests who would like to
22 distribute materials, please also see our

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1 folks out front on that.

2 Related to NACMCF business I have
3 a few updates for us. Regarding this
4 Committee's two completed reports, that is,
5 the report on the Analytical Utilities of
6 *Campylobacter* Methodologies, that report has
7 recently been posted on FSIS Website, and it
8 has been accepted for publication by the
9 Journal of Food Protection. So we'll see that
10 published soon.

11 The other report, Response to the
12 Questions Posed by the FSIS Regarding Consumer
13 Guidelines for the Safe Cooking of Poultry
14 Products, is also up on our Website. That's
15 posted as a draft document. It has recently
16 been accepted for publication in the Journal
17 of Food Protection. So very soon we'll put
18 the final version on the Web as well.

19 Now, as Dr. Brackett mentioned,
20 the scientific advice provided by NACMCF plays
21 an important role in strengthening sponsoring
22 agencies' food safety programs. The

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1 *Campylobacter* and poultry cook reports I just
2 mentioned are a perfect example of this.

3 The *Campylobacter* report is being
4 used extensively by our baseline study design
5 teams who have been developing upcoming
6 microbiological baseline studies for broilers
7 (young chickens), and turkeys, respectively.
8 This report is being heavily relied upon to
9 assist us in selecting and validating a
10 *Campylobacter* protocol.

11 We are also using the report for
12 study design issues, including sampling plans,
13 and this report is going to help us with
14 future baselines as well where there's a
15 *Campylobacter* testing component.

16 The poultry cook report was quite
17 timely for the agency because we had to
18 consider immediate recommendations related to
19 a current outbreak associated with raw breaded
20 poultry product, the type addressed in this
21 report. There was also an urgent need for
22 FSIS to convey safe poultry cooking procedures

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1 to consumers and industry regarding avian
2 influenza virus.

3 The agency used this report to
4 support new labeling policy for raw breaded
5 poultry products. The report's focus on the
6 need for validating cooking instructions for
7 consumers was vitally important information.
8 This report is also serving as an important
9 resource document for FSIS inspectors and the
10 industry.

11 Now, as Dr. Brackett indicated,
12 this Committee's two-year term is coming to an
13 end, and it expires actually tomorrow,
14 September 23rd, 2006. Now, the majority of
15 our current members are eligible to return for
16 another term, but new work charges will
17 dictate what specific expertise is needed for
18 the next Committee.

19 A notice soliciting nominations
20 for membership on the next Committee term was
21 published in the Federal Register on August
22 23rd. This notice has a 30-day open period

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1 where we are collecting resumes on nominees.
2 Copies of this notice are available out front.

3 A similar notice actually
4 published in June, but this more recent notice
5 contains some revisions, and if you look at
6 the notice, it explains what these revisions
7 are.

8 Anyone who applied to the June
9 notice does not have to reapply to the August
10 notice.

11 Upon the close of our nominations
12 notice, the NACMCF Executive Committee will
13 evaluate resumes received and make
14 recommendations to the Secretary of
15 Agriculture on appointees for the next NACMCF
16 term.

17 Ultimately the Secretary of
18 Agriculture will appoint 30 members to NACMCF
19 to serve for the next two-year term. So we do
20 have a process to go through, but I anticipate
21 in early 2007 the new Committee will be in
22 place and will be making plans for our next

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1 meetings.

2 I'm happy to report that NACMCF
3 was rechartered on August 3rd, 2006. This
4 renewed charter is available on the FSIS
5 Website. It's current through August 3rd,
6 2008, and I anticipate that a Federal Register
7 notice will publish very soon on this.

8 Just a couple of administrative
9 notes. Please check that your contact
10 information in the meeting book if it's in
11 need of any updates and let us know.

12 Very importantly, please fill out
13 your travel expense sheets for your
14 reimbursement for travel to this meeting and
15 provide them with required receipts to Karen
16 as soon as possible. This is very important
17 this time around because we're approaching the
18 end of our fiscal year. So it's critical that
19 Karen receives your information.

20 I wanted to echo what Dr. Brackett
21 said about this Committee being very hard
22 working. I can verify this. I've seen

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1 members just this week postponing lunch and
2 dinner in order to get work done. We've got a
3 very dedicated group of folks. We've seen
4 people from other subcommittees volunteering
5 to help the current working subcommittees.
6 You guys have been a fabulous group, very
7 enjoyable to work with. I thank you for this.

8 And with that I'll now turn the
9 floor over to Dr. Brackett.

10 VICE-CHAIRPERSON BRACKETT: Thank
11 you, Gerri.

12 Moving on, I'm pleased to report
13 that our subcommittees have made some
14 remarkable progress during this week, short
15 week that it was, and the subcommittees
16 include the Subcommittee on Determination of
17 Cooking Parameters for Safe Seafood for
18 Consumers, which was chaired by Mr. Spencer
19 Garrett; and, secondly, the Subcommittee on
20 Assessment of the Food Safety Importance of
21 *Mycobacterium avium* subspecies
22 *paratuberculosis*, chaired by Dr. Acheson. He

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1 was unable to be here. So we had LeeAnne
2 Jackson and Don Zink assisting in that
3 Subcommittee this week.

4 Dr. Acheson's MAP group only
5 recently began work during our March meetings
6 this year, and the group has heard from a
7 number of subject matter experts, and we're
8 grateful for their willingness to share their
9 expertise and for their participation in these
10 subcommittee meetings and sessions.

11 I would now like to call on Dr.
12 Don Zink of FDA, who is a member of the
13 Subcommittee, to provide us with an update on
14 the activities.

15 Don.

16 DR. ZINK: The Subcommittee has
17 completed a review of almost 150 current
18 publications in the scientific literature.
19 There's still some more literature that this
20 Subcommittee is accessing and evaluating, but
21 after this review of literature, during this
22 meeting the Subcommittee began to outline its

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1 answers to the questions and began to write a
2 report answering these questions.

3 I should add that the Subcommittee
4 began its work by dividing itself in two, with
5 one group addressing Questions No. 1 and 2 and
6 part of Question 5, and another group
7 addressing Question 3, which is efficacy of
8 current methods for the detection of MAP, and
9 these two groups are working independently and
10 will then combine their reports.

11 I should also like to especially
12 thank the outside experts that have been
13 assisting the Subcommittee: Dr. Roy Radcliff
14 of the Marshfield Clinic, and Dr. Michael
15 Collins of the University Of Wisconsin School
16 Of Veterinary Medicine. They've been
17 extremely helpful to the Subcommittee.

18 Thank you.

19 VICE-CHAIRPERSON BRACKETT: Thank
20 you, Don.

21 Do we have any other comments from
22 any of the members of the Subcommittee for the

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1 general good?

2 (No response.)

3 VICE-CHAIRPERSON BRACKETT: Okay.

4 Thanks.

5 Spencer.

6 MR. GARRETT: Thank you, Mr.

7 Chairman.

8 Let me begin by thanking the
9 members of the Subcommittee, and I really
10 didn't mean it when I said the floggings will
11 continue until the report is finished. So I
12 don't want you to think that I really meant
13 that.

14 But we did quite a bit of work.
15 The report that we have before us, there's
16 actually three sections to the report, and the
17 report -- would you like me to go through the
18 report now? Is that --

19 VICE-CHAIRPERSON BRACKETT: I
20 think you could have a summary of the report.

21 We did have some discussion about the reports
22 as well. Does everybody have a copy of the

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1 report? That's the first thing because we can
2 get you copies if you don't.

3 Some of the members of the general
4 Committee have asked questions, and so I would
5 like before we begin the report ask if there
6 are any comments from the members.

7 MS. KOWALCYK: Yes, there is.
8 This is Barbara Kowalcyk.

9 I'm just a little -- this is a
10 very important document, and we received it
11 last night about six o'clock and I would like
12 to have more time to review it before we get
13 really involved in discussing it and voting on
14 it just because it's very important.

15 And I would, therefore, move that
16 we postpone any major discussion until the
17 next meeting.

18 VICE-CHAIRPERSON BRACKETT: Okay.
19 Barbara has made a motion that we actually
20 postpone this for further review. Do we have
21 any seconds or discussion about this? Does
22 anybody want to second what Barbara has

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1 proposed here?

2 DR. SCHAFFNER: Second.

3 VICE-CHAIRPERSON BRACKETT: Okay.

4 The second was Don Schaffner.

5 And, by the way, please make sure
6 that you say your names and your affiliations
7 for our transcriber here as well.

8 Okay. Any discussion about the
9 proposal? It has been seconded to continue
10 review of this document through the next
11 session. Any other discussion about this?

12 MR. GARRETT: Mr. Chair, just let
13 me ask Barbara. I think maybe we might want
14 to go through the report, not certainly not
15 adopt it, but go through it.

16 MS. KOWALCYK: Right. No, I have
17 no problem with that. I just don't want to
18 get into a major discussion about it since I
19 didn't receive it until about six o'clock last
20 night and didn't really have sufficient time
21 to go through it thoroughly.

22 So before we went down any road of

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1 major discussion, I just wanted to make sure
2 you were aware.

3 MR. GARRETT: No, that's certainly
4 fine, but we will go through the report, and
5 then I think maybe what we might want to do is
6 then after we finish going through the report,
7 then have a timeline for any other comments to
8 be sent to us, say, like November 1st or
9 something, you know, whatever the date is.

10 MS. KOWALCYK: I think that's
11 completely agreeable.

12 VICE-CHAIRPERSON BRACKETT: Okay.
13 Thank you.

14 Let me just say here I have to
15 leave because of an urgent matter, and so in
16 my absence I've asked Dr. David Goldman to
17 take over and continue on as chairing this
18 meeting.

19 Thanks.

20 MR. GARRETT: With that then, I'll
21 continue my remarks relative to the report in
22 general, and then we'll go through it

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1 essentially page by page if there are any
2 comments to be made, again, with the record
3 showing that we'll accept written comments
4 until such date we decide after we go through
5 the report.

6 As I started to indicate before,
7 the report actually is comprised of three
8 sections, and there's only two sections here.

9 For example, the body of the report is
10 contained from pages 1 to 33, and then there
11 is an appendix, which are pages 34 through 40,
12 and then also, the third part, which is
13 missing which we still have to do, which we
14 did not have time to do, merely actually lists
15 the references. The references are noted in
16 the text, but we haven't listed the references
17 in the report, and we have to do that as well.

18 So the little extra time will help
19 us all, I think. Okay?

20 And I'd just like to start on the
21 first page. We spelled microbiological wrong
22 twice. I think we got it right now. Any

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1 comments on the first page?

2 The second page is the table of
3 contents.

4 The third page is the
5 introduction. You begin to see the references
6 coming in now, and the list of references will
7 be completed.

8 The fourth page -- and if I'm
9 going too fast, somebody slow me down. Yeah?

10 Yes, ma'am.

11 DR. WESLEY: I had a question on
12 Line 117.

13 DR. GOLDMAN: Irene, please
14 remember to identify yourself for the
15 transcriptionist.

16 DR. WESLEY: Sure. Irene Wesley.

17 MR. GARRETT: Yes. Please go
18 forward with your question.

19 DR. WESLEY: Excuse me?

20 MR. GARRETT: Ask your question.

21 DR. WESLEY: Okay, all right. I
22 think you meant sanitation practices.

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1 MR. GARRETT: Yes, the insertion
2 is to insert the word "sanitation" between the
3 words "harvest" and "practices" on Line 117.

4 DR. WESLEY: Yes. Something was a
5 little bit amuck.

6 MR. GARRETT: So noted. Any more
7 on page 4?

8 Page 5?

9 Page 6? I would point out that we
10 actually reordered the order of the questions,
11 which we do quite frequently in these
12 documents just for ease of flow, and it makes
13 the Committee work go easier.

14 Page 7. And on page 7, we begin
15 answering the first question.

16 Page 8.

17 Page 9.

18 Page 10. I might point out that
19 as we were looking at the documents, we
20 obviously looked not only at scientific
21 articles and technical articles, but also what
22 I refer to as popular articles, like recipe

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1 books and recipe Websites.

2 Page 11, and as you can see, there
3 are numerous types and kinds of cooking
4 methods for seafoods.

5 Page 12, and this table is
6 actually showing the advantages and the
7 limitations and a few comments relative to
8 those methods.

9 Page 13.

10 Page 14.

11 Page 15, which brings us to
12 Question 2 on page 16.

13 Page 17.

14 Page 18.

15 Page 19.

16 DR. MORSE: Question, comment.

17 Dale Morse, New York State Health Department.

18 Looking at this and the table on
19 17, the category of unknown is very large, but
20 I believe there are several papers that have
21 looked in particular at shellfish-related
22 outbreaks and showing that a number of them

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1 would fit criteria for virus, norovirus type
2 outbreaks, and it seems like there could be
3 some mention of that.

4 They basically may not have
5 definitive diagnoses, but they've looked at
6 criteria, such as individuals have -- the
7 symptoms they have, low rate of fever, high
8 rate of vomiting. They have negative
9 bacterial cultures, and the incubation and
10 duration is comparable to viral-like
11 outbreaks.

12 And then in some years where
13 people have looked at multiple outbreaks more
14 thoroughly with extensive testing have shown
15 the majority of them related to noroviruses
16 where they have done testing.

17 So it seems like there needs to be
18 a greater description of the probable
19 association with noroviruses, and it seems
20 like that could be emphasized.

21 MR. GARRETT: Very well, Dr.
22 Jaykus.

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1 DR. JAYKUS: Lee-Ann Jaykus, North
2 Carolina State University.

3 I agree with Dale. I think that's
4 an excellent suggestion, and as a member of
5 the subcommittee, I'll take care of drafting
6 that.

7 MR. GARRETT: Thank you very much
8 for those comments, both of those comments.

9 Do you have some more comments,
10 Dale or Lee-Ann? Your little flags are at
11 half mast there.

12 (Laughter.)

13 MR. GARRETT: Here's one. Thank
14 you, Lynn.

15 DR. WESLEY: I had a comment on
16 Lines 383 to about 385. Irene Wesley, USDA.

17 Lines 383 to 385, I would
18 recommend that that statement be strengthened
19 by including data to show there is an
20 increase.

21 MR. GARRETT: Very well. Noted.
22 Do you actually have the reference or are you

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1 just merely suggesting we seek out the
2 reference? Very well.

3 Page 20.

4 DR. MORSE: Dale Morse, New York.

5 Just coming back to 19 again, I'm
6 going to mention this later on, but it's again
7 an important role of *Vibrio vulnificus*. Even
8 though it has been rare, the illnesses are
9 very severe with people with blood stream
10 infections having up to 50 percent mortality.

11 So I was going to mention it
12 should be listed later on in the description
13 of viruses, but it doesn't even appear in the
14 table I notice in terms of outbreaks, but it
15 is a very important pathogen for shellfish.
16 So perhaps that should be mentioned here as
17 well as sort of background information.

18 MR. GARRETT: So if I could
19 paraphrase that, just strengthen the VV issue,
20 argument or description. "Description" is a
21 better word.

22 Very well. Page 20.

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1 Page 21. Which brings us to our
2 Question No. 4 on Line 446.

3 Page 22. Irene.

4 DR. WESLEY: Irene Wesley, USDA.

5 I would like to recommend that
6 Lines 478 to 480, "there is no single
7 temperature," that that statement be bolded.

8 MR. GARRETT: Are there any other
9 Committee comments on that?

10 DR. SCHAFFNER: Yes, Don
11 Schaffner, Rutgers University.

12 A comment on that general section.
13 While I appreciate what you guys are trying
14 to do with this sentence, the charge doesn't
15 say anything about palatability, and what I'm
16 wondering is can you share with us some of
17 your discussions, and maybe this is not the
18 place or time. But I'm concerned that the
19 charge doesn't address palatability, but
20 you've said we can't come up with an answer
21 because it would result in an impalatable
22 product.

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1 Yet you sort of hint that you
2 could theoretically come up with this
3 temperature, and it still might be useful to
4 come up with that temperature and then say,
5 "But this will result in an unpalatable
6 product in these circumstances."

7 MR. GARRETT: I believe in
8 Question 5 that statement is actually made.
9 The point is made in a different question. It
10 is also made in the recommendations or the
11 conclusions, rather.

12 It wasn't specifically in the
13 charge. I mean, we intuitively kind of
14 figured out that you still have to sell the
15 product or you have to cook the product, and
16 there's a difference between commercial
17 cooking and ready-to-eat foods which have
18 extended refrigerated shelf life versus, if
19 you would, home cooking where the shelf life
20 can be reasonably expected to be much less.

21 So does any other Committee member
22 want to go further than that or try to

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1 recapture the discussion? Or maybe we should
2 go through Question 5 and if it's not answered
3 there, then we'll come back to it.

4 I mean, obviously there is a
5 single temperature. You could can all
6 seafood. So I mean, it goes from that extreme
7 down to trying to have some sort of palatable
8 product.

9 I don't know if I'm making sense
10 or not, but that essentially recaps our
11 discussion. Any more on -- I'm sorry. Lee-
12 Ann, yes.

13 DR. JAYKUS: Lee-Ann Jaykus, North
14 Carolina State University.

15 I think what's critical in that
16 sentence is all cooked fishery products, no
17 single temperature that would inactivate
18 pathogens in all products because it's product
19 dependent, both the target pathogen and the
20 temperature may be product dependent.

21 So keep that in mind. I think
22 Spencer's point is that we do go into greater

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1 detail later on in the narrative for Question
2 5 regarding that.

3 MR. GARRETT: Thank you for that,
4 Lee-Ann. You might want to knock your little
5 thing down there.

6 Twenty-three.

7 Twenty-four.

8 Twenty-five. Dale.

9 DR. MORSE: Dale Morse, New York.

10 Again, I've only reviewed this
11 briefly. I don't know if there was discussion
12 in the Subcommittee about, again, the
13 importance of the *Vibrio* infections and *Vibrio*
14 *vulnificus* and whether any recommendations at
15 all can be made for safe cooking because it
16 wasn't clear to me.

17 One, it seems like maybe there
18 should be a separate paragraph about the
19 importance of this pathogen, and it's my
20 understanding that because of the inability to
21 sort of recommend a safe temperature to cook
22 it, that's why the recommendations are made

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1 that immunocompromised individuals not consume
2 this product raw, and I believe California has
3 actually taken action to, I think, ban or
4 restrict selling of shellfish from certain
5 waters during certain times of the year.

6 So it seems like it should be at
7 least addressed in the text. So did the
8 Committee think that there was -- I know the
9 charges for *Vibrio* talks about 122 degrees
10 Fahrenheit for five minutes. Was that
11 considered a safe level if somebody cooked at
12 that level, or what is the product like after
13 that much cooking? Was there discussion about
14 this, and did other people think there should
15 be more attention to this organism?

16 MR. GARRETT: Of course, *Vibrio*
17 are fairly sensitive to heat. There's two
18 points I think we need to make. One is our
19 charge was with cooked seafood, and we can
20 certainly put in, if you would like, if the
21 Committee would like, we can put in a separate
22 paragraph about *Vibrio vulnificus*.

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1 Those illnesses, to my knowledge,
2 I don't think there has been an illness due to
3 cooked seafood, has there? Aren't they all
4 raw?

5 So we did not really address raw
6 seafood, sushi and so forth. But I think your
7 point is well made, that we need to put
8 something in here about *Vibrio vulnificus*, and
9 we can do that in a separate paragraph.

10 Does that seem -- Dan?

11 DR. ENGELJOHN: Engeljohn with
12 FSIS.

13 On page 23, you identified the log
14 reduction for *Listeria*. Then on page 25 --
15 sorry. I should have started that way. Page
16 25 you give the time-temperatures for
17 *Salmonella* as the target pathogen, and I was
18 just wondering if it would be helpful to list
19 what we think the expected log reduction for
20 *Salmonella* is here. I think that would
21 provide some useful information to industry.

22 MR. GARRETT: So you're

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1 suggesting, as I understand it, to give the
2 expected log reduction in the text relative to
3 the table. We can do that.

4 Twenty-six. I'm sorry. Irene
5 again.

6 DR. WESLEY: Irene Wesley, ARS.

7 On page 25, Line 552 through 553,
8 I would recommend that you elaborate on the
9 results of the prevalence studies that have
10 been done on European shellfish.

11 And also, in the table -- excuse
12 me?

13 MR. GARRETT: To what purpose?
14 Just merely to -- I'm trying to get the
15 context.

16 DR. WESLEY: I think that you have
17 given the data for U.S. and to state similar
18 environmental prevalence studies, I think that
19 sort of leads to what the results of those
20 studies were. I would say more for
21 completion.

22 MR. GARRETT: Very well. I'm just

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1 trying to get the context.

2 DR. WESLEY: And then I had
3 another comment on 25 that's more of a
4 clerical suggestion. In Table 5, for
5 consistency, I would recommend, for example,
6 on the time-temperature column that the
7 abbreviation for minutes be either m-i-n,
8 which is acceptable, or m-i-n-s, but just be
9 consistent.

10 And similarly, over in the
11 products category, for consistency again the
12 word "homogenate" should be either capitalized
13 or not capitalized.

14 MR. GARRETT: So noted.

15 Page 26.

16 Twenty-seven. Irene.

17 DR. WESLEY: Irene Wesley, ARS.

18 I would recommend that since the
19 Z-value is defined, that D-value for ease of
20 reading also be redefined.

21 I had a second --

22 MR. GARRETT: Yes, ma'am. Go

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1 ahead.

2 DR. WESLEY: -- recommendation or
3 question. The last citation for imitation
4 crabmeat cites Mazzotta unpublished data. Is
5 there -- my understanding was that data that
6 are included in these reports should be peer
7 reviewed or at least accessible.

8 DR. MAZZOTTA: The data is
9 published. So I don't know if you want to
10 cite the published paper.

11 MR. GARRETT: Yes, if we could
12 have that publication.

13 John.

14 DR. SOFOS: The D-value is not
15 defined in the table because it is defined in
16 the text where the table is cited.

17 MR. GARRETT: Irene, is that
18 satisfactory?

19 DR. WESLEY: I'm thinking that in
20 terms of ease of reading, that the reader,
21 therefore, has to go back into the text. Just
22 for convenience, if it's there it's a little

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1 bit easier to get the drift of where you're
2 going with it.

3 MR. GARRETT: Very well. My off
4 button did that.

5 Yes, Scott.

6 DR. BROOKS: This is just a point
7 of editorial. I think we just missed a
8 decimal point, but on Table 6, page 26, under
9 lobster, the Z-value, it should be 5.0 C.
10 degrees. So in case people were wondering
11 which one was right.

12 (Laughter.)

13 MR. GARRETT: As they say, good
14 catch.

15 Page 28. Irene.

16 DR. WESLEY: Line 585. Again, for
17 convenience of the reader, this is the first
18 time in this document that the abbreviations
19 HAV have been used, although Hepatitis A virus
20 is used in its entirety in other portions of
21 the text.

22 MR. GARRETT: We'll check the

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1 document. I believe that the first time it's
2 used, it's spelled out and then the
3 abbreviation put in parentheses after that.
4 That's what it was supposed to be.

5 PARTICIPANT: Yes.

6 MR. GARRETT: Okay. Thank you.
7 We'll check that. Thanks. Another good
8 catch.

9 Dale.

10 DR. MORSE: Just a question for my
11 own information. I know that the temperatures
12 given sort of describe the internal
13 temperature. For the layperson, how do you
14 measure that when you're cooking it and did
15 any of these papers look at how you could
16 practically look at steaming at a certain
17 temperature for a certain time frame? Are
18 people supposed to measure the internal
19 temperature while they're cooking?

20 Was there any sort of more
21 practical guidance in any of the literature?

22 MR. GARRETT: Lee-Ann?

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1 DR. JAYKUS: Lee-Ann Jaykus, North
2 Carolina State University.

3 No, there is not more practical
4 guidance in the literature. All of the
5 studies that have been reported have been kind
6 of set up in a laboratory and, you know,
7 measured internal temperature in that manner.

8 So that's the answer to your
9 question.

10 MR. GARRETT: Linda.

11 DR. HARRIS: I believe that in
12 Table 6 you may have made an error in your Z-
13 value. Z-values are not in degrees
14 Fahrenheit, but they are Fahrenheit degrees,
15 and so it appears that you may have just
16 translated degrees Fahrenheit into degrees
17 Celsius, and that's not correct.

18 So you'll have to go back, I
19 think, and have a look at these calculations
20 in the Celsius or go back to the original
21 reference to see what was done here.

22 MR. GARRETT: So noted.

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Donald.

DR. SCHAFFNER: Don Schaffner,
Rutgers University.

This is a comment back to Lee-Ann
in response to Dale's question. Should one of
the recommendations coming out of this
Subcommittee then be that when people do
studies in the laboratory that people be
encouraged to look at real cooking conditions
to see if there's a correlation or to see if
we could put some more science behind this?

MR. GARRETT: That's an excellent
suggestion. Let's wait until we get to the
recommendations and let's bring that up again.

Lee-Ann.

DR. JAYKUS: Lee-Ann Jaykus, North
Carolina State University.

Actually those studies, there have
been studies done to that effect like grilling
steaming, things like that. They are old
studies. They're from the '70s, but we could
certainly note those in this section.

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1 MR. GARRETT: Linda. Oh.
2 This brings me to page 29.
3 Thirty. Oh, I'm sorry. Lee-Ann.
4 I had the 1,000 yard stare there.

5 DR. JAYKUS: Lee-Ann Jaykus, North
6 Carolina State University.

7 Before we leave this Question No.
8 5, and this actually goes back to one of Don
9 Schaffner's initial questions or initial
10 queries. I think it might be worthwhile
11 somewhere to put a table that lists the
12 categories of the commodities and the
13 pathogens that really are of concern in those
14 specific commodities because then I think it's
15 much easier for the reader to understand what
16 might be the most resistant pathogen in each
17 different commodity.

18 MR. GARRETT: So then the
19 suggestion is in Question No. 5, craft a new
20 table indicating each commodity and pathogen
21 of concern for each commodity. Yeah, great.
22 A good idea.

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1 Don.

2 DR. SCHAFFNER: Don Schaffner,
3 Rutgers University.

4 And, in fact, if you're going to
5 do that and then you're going to recommend
6 temperatures, I would suggest that on page 22
7 where you first respond to Question 5 say that
8 although no single temperature could be
9 determined, there is a table coming up that's
10 going to recommend on a specific basis that so
11 that the people don't read that paragraph and
12 say, "Oh, well, then I'm not going to read the
13 rest of the document."

14 MR. GARRETT: Good point. Lee-
15 Ann.

16 DR. JAYKUS: Lee-Ann Jaykus, North
17 Carolina State University.

18 I think that will also help with
19 this issue of, you know, vibrios in molluscan
20 shellfish because they're not highlighted from
21 a heat standpoint because they would be killed
22 very easily, you know, were the other

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1 pathogens the target.

2 MR. GARRETT: Larry.

3 DR. BEUCHAT: Building on Lee-
4 Ann's suggestion, would there be any value in
5 listing seafoods relative to certain pathogens
6 that might be more likely to be present that
7 originated from various regions of the world
8 or even coastal areas of the U.S.?

9 I don't know if this could be done
10 easily, but for the purpose of importation of
11 some seafood items, some entirely imported
12 versus others that are not, are there
13 differences in probability of prevalence of
14 certain pathogens? I think there is.

15 And would that information be
16 valuable also as part of this table that Lee-
17 Ann has suggested?

18 MR. GARRETT: Which ones do you
19 think, where that information exists?

20 (Laughter.)

21 DR. BEUCHAT: I'm not a seafood
22 person

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1 MR. GARRETT: Let me remind
2 everybody --

3 DR. BEUCHAT: -- perhaps also some
4 of the serotypes of *Salmonella*, not only
5 enteric or pathogenic, for example.

6 MR. GARRETT: Let me remind
7 everyone that we import 80 percent of the
8 seafood we consume in the United States.

9 DR. BEUCHAT: The parasite issue,
10 perhaps also viruses. I don't know.

11 MR. GARRETT: I take your point.
12 It's just I'm not sure that we can do it.
13 That's my point. We can certainly take
14 another look at it.

15 Some years ago I published a risk
16 potential index that actually did -- this is
17 long before -- that we actually used an
18 assessment or we called it an evaluation tool
19 like that, but it's very complicated. When
20 you glaze seafood, you actually analyze the
21 glaze not the seafood. You have to chip the
22 ice off, things like that, but we can take a

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1 look at that, sure.

2 Twenty-nine.

3 Thirty. Oh, Don, I'm sorry.

4 DR. SCHAFFNER: That's okay. Don
5 Schaffner, Rutgers University.

6 On the response to Question 6, I'm
7 curious whether the Subcommittee debated
8 whether -- it's not clear to me from reading
9 this whether additional research is needed or
10 whether no amount of research will ever
11 clarify this issue, and I would hope that the
12 Subcommittee would come -- if more research is
13 needed, again, maybe that needs to be in
14 recommendations, but it just wasn't clear to
15 me, you know, whether anymore information
16 would help it.

17 Certainly if more information
18 would help, then that should be a
19 recommendation.

20 MR. GARRETT: Would any
21 Subcommittee member like to comment on that?

22 I don't think we need anymore

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1 research on the drunken crabs that we looked
2 at. I see from where you're coming, and
3 there's certainly a difference even in ceviche
4 where there's commercially prepared by people
5 that actually can control the pH versus, you
6 know, in the home. I'm just not certain more
7 research is needed, frankly. We're trying to
8 make a strong case that, you know, you pay
9 your money and you take your choice.

10 Joe.

11 DR. MADDEN: Joseph Madden.

12 I was a member of the
13 Subcommittee, and I kind of looked at that
14 question as well, and it came to my mind how
15 are we going to have a citizen check the pH,
16 for example, on ceviche to make it 2.5 or
17 below, and I struggled with that, too, the
18 same thing.

19 But I don't know how we can
20 accomplish that.

21 Thank you.

22 MR. GARRETT: Lee-Ann.

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1 DR. JAYKUS: Lee-Ann Jaykus, North
2 Carolina State University.

3 Again, this is the whole commodity
4 specific area. I mean, it has definitely been
5 studied in molluscan shellfish with vibrios,
6 particularly alcohol and organic acids. so
7 there is some data, but again, I tend to agree
8 with Joe that it's such a specific area that I
9 think it's going to be hard to do substantial
10 research with individual commodities.

11 MR. GARRETT: Thirty-one -- oh,
12 I'm sorry. Scott.

13 DR. BROOKS: Scott Brooks with
14 Food Safety Net Services.

15 Just a note on that question. On
16 Line 643, we talk about there being a paucity
17 of data regarding the efficacy of novel
18 methods. It essentially implies that if a
19 good researcher came up with something out
20 there, they certainly could do some research
21 to answer it.

22 I wouldn't be opposed to adding a

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1 recommendation in there, but it wouldn't be
2 maybe as weighted as some of our other
3 recommendations.

4 MR. GARRETT: Let's just wait
5 until we get to the recommendations. Then
6 we'll sort it out then.

7 Thirty-one. Oh, Dale. I'm sorry.

8 DR. MORSE: I just had another
9 comment on page 30 under the seventh number.
10 This may be covered by putting more background
11 information earlier in the text about the
12 epidemiology and risks from shellfish and
13 *Vibrio vulnificus*, but just this section
14 starts out that advisories currently exist and
15 recommendations on consuming only properly
16 cooked. It doesn't give the background of
17 why, such as, you know, immunocompromised
18 individuals are at high risk for certain
19 infections such as *Vibrio*.

20 So perhaps, you know, emphasizing
21 what the risks are first, that's the reason
22 why there are advisories. So just more

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1 background of the risk that is posed to these
2 individuals.

3 MR. GARRETT: So what I'm noting
4 here then, Dale, would be more background on
5 who the subpopulations at risk are and what
6 those risks, in fact, are for those
7 subpopulations. Does that get the point?

8 DR. MORSE: Yes, it would just be
9 the question asked, should there be, you know,
10 any special advice, and so you need to start
11 off with the sentence that immunocompromised
12 are at higher risk. Several studies have
13 demonstrated that they can be at high risk
14 and, therefore, you know, advisories have been
15 made, since there's background why there's
16 advisories, and there's a reason for this.

17 MR. GARRETT: Larry.

18 DR. BEUCHAT: Larry Beuchat,
19 University of Georgia.

20 I don't want to belabor the point
21 on the consumer methods for preparing seafood,
22 but I remember you might want to consider

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1 referencing a paper published by Oliver and
2 his group several years ago now demonstrating
3 that the use of cocktail sauce was not the
4 answer to eliminating vibrios. I believe it
5 was on oysters, just to strengthen this --

6 MR. GARRETT: Tabasco sauce, I
7 think, but again, gentlemen, this is not a
8 document on raw fish. I think we have to keep
9 that in the back of our mind. We kind of had
10 those discussions, but we really were not
11 asked to produce a document on eating raw
12 foods, and most of the discussion that we're
13 taking even in terms of the advisories relate
14 to raw molluscan shellfish.

15 And I might point out actually
16 that there's a little over 3,000 advisories
17 for fishery problems. I think it's around
18 3,400 now. You can go on the EPA Website and
19 take a look. Most of those are chemical
20 advisories.

21 Thirty-one.

22 Should we recognize him? Yeah,

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1 Dan's got one.

2 DR. ENGELJOHN: Engeljohn with
3 USDA.

4 On the seventh bullet related to
5 *Listeria*, I'm concerned that the bullet or
6 recommendation implies that it's better to
7 undercook the product than to cook it for
8 safety.

9 And so if you go back to page 23,
10 it says the reason why, this 6-D for *Listeria*
11 might not be appropriate for consumers, and
12 the response was because the types and numbers
13 of bacterial pathogens might not be present as
14 they are on the commercially distributed or
15 manufactured seafood.

16 So it gives the reason that the
17 micro levels are different and are of
18 different types, and that's the reason why,
19 and I really don't think it would be good to
20 imply that it's better to undercook it so that
21 it's palatable than to cook it until it's
22 safe.

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1 MR. GARRETT: Are you suggesting
2 that we explain the reason why here or are you
3 saying that we should reduce the phrase "and
4 could result in overcooking"?

5 DR. ENGELJOHN: I think that
6 because I think people will tend to go to the
7 conclusions to try to get a synopsis of what
8 you're dealing with it would be better to just
9 use the wording that you had back on page 23
10 and add in "due to types and numbers of
11 bacterial pathogens that might be present on
12 commercially distributed or manufactured
13 seafood." It seems to me that would provide
14 the clarity as to why. It's the same wording
15 from page 23.

16 MR. GARRETT: So noted. Any more
17 on page 31? Don.

18 DR. SCHAFFNER: Don Schaffner,
19 Rutgers University.

20 In the bullet point below that, I
21 think you might be missing the word "not."
22 You say, "This recommended cooking time-

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1 temperature may be practical for consumers."
2 That contradicts what I think you said earlier
3 in the text.

4 MR. GARRETT: Another good catch
5 just like that missed decimal point.

6 Thirty-two. Dan.

7 DR. ENGELJOHN: Yes. Engeljohn
8 with USDA.

9 As a follow-up to my previous
10 comment on page 20 or on page 31 about the
11 *Listeria*, because it's not explained in the
12 paper, do we know what the level of
13 contamination is on the consumer ready
14 products so that we could provide guidance as
15 to what the appropriate log reduction from
16 *Listeria* would be on the consumer products?

17 So I guess the question is: is
18 there a data need for knowing what the
19 contamination level is on consumer ready
20 product that's different than that for the
21 commercially distributed product and the
22 reason why you're saying 6-log reduction from

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1 *Listeria* is necessary there?

2 Perhaps if we knew what the level
3 of contamination was on the consumer ready
4 product you would have more guidance to give
5 as to what the appropriate level would be.
6 I'm just asking the question because I don't
7 know.

8 MR. GARRETT: As I recall the
9 discussions, there are several points to make.
10 One is that the level and the pathogens are
11 very commodity-specific.

12 Two, there often times is not much
13 known. So therefore, when you're doing
14 thermal times, that you have to use a
15 surrogate organism, and I think that was my
16 understanding.

17 John, do you want to add to that
18 or correct me if I'm incorrect?

19 DR. SOFOS: Yes, Sofos.

20 Also for the commercially prepared
21 6-D reduction products, we need to consider
22 that those have a shelf life and should be

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1 distributed, sold, while the consumers were
2 not expecting a long storage of leftovers, but
3 pretty much quick consumption.

4 So the 6-D reduction may be also
5 needed to take care of potential growth during
6 storage.

7 MR. GARRETT: I think what Dan may
8 be recommending is that -- and this goes back,
9 I think, to perhaps what Don was pointing out
10 in some of his recommendations -- that there
11 is a research need to better describe what
12 could reasonably and usually be expected on
13 the consumer prepared seafoods, the raw
14 materials that the consumer is going to have.

15 Is that agreeable? And we'll note
16 that and put it in?

17 John still. No, Scott.

18 DR. BROOKS: Scott Brooks, Food
19 Safety Net Services.

20 Just to point out maybe a partial
21 answer to the question, on page 37 in the
22 appendix, we actually do list the *Listeria*

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1 *monocytogenes* risk assessment, expected
2 contamination levels.

3 MR. GARRETT: Lee-Ann first and
4 then Dale.

5 DR. JAYKUS: Lee-Ann Jaykus, North
6 Carolina State University.

7 Line 703 should be *Salmonella*
8 *enterica* species, not Enteritidis.

9 MR. GARRETT: Another good catch.
10 Dale.

11 DR. MORSE: Dale Morse, New York.

12 It may be already in the last
13 bullet, but I'm thinking about the earlier
14 discussion about, you know, the cooking
15 methods and needing to get the guidance into
16 practical cooking guidance, like back to
17 shellfish instead of the internal temperature,
18 because it seems like the Committee should
19 make this recommendation that there needs to
20 be specific cooking methods, including, you
21 know, practical or something that focuses on
22 you've got to be able to have something, you

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1 know, steaming it at what temperature for what
2 time or something rather than just the
3 internal temperature. Otherwise you have to
4 have thermometers that measure that.

5 So try to look at a way to
6 emphasize the importance of developing
7 practical guidelines for the consumer to be
8 able to follow that is scientifically safe.

9 MR. GARRETT: How about in Line
10 710 we got rid of both and we just said
11 "provide practical, safe, and palatable
12 products for consumers"?

13 That last recommendation is a dual
14 statement that addresses both the cooking
15 procedures, as well as what the target
16 organisms are. So I think that's about as far
17 as you can go, and that is a big research
18 item.

19 Lee-Ann.

20 DR. JAYKUS: Lee-Ann Jaykus, North
21 Carolina State University.

22 If I could just suggest ending

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1 that was "provide both safe and palatable
2 products to consumers and practical guidance
3 to consumers to attain this," or something,
4 something worded in that means.

5 MR. GARRETT: "And practical
6 guidance for consumers," something like that,
7 yeah.

8 LTC. KING: Robin King, Department
9 of Defense Veterinary Services.

10 I was going to go back to the
11 bullet that starts on Line 698 again. Looking
12 at that it seems to me that's not really a
13 recommendation. It's just a repeat of the
14 conclusion above, and I know there was some
15 talk about that earlier. Was the final
16 conclusion that there was going to be a
17 recommendation made about either the target
18 organism, L. mono, or, you know, to relook if
19 there's something else that can be done for
20 seafood products?

21 MR. GARRETT: Well, I think
22 earlier in the text it was indicated that the

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1 current guidance in the food code, which was
2 based on *Salmonella enterica*, which is
3 essentially a 3-D cook, I think that is
4 referenced in the text.

5 What do you recommend that we do
6 here?

7 LTC. KING: Well, I think
8 something needs to be added to either make a
9 recommendation to refer either to earlier text
10 or to add text to make this a recommendation.

11 To me as I read it, it's really just another
12 conclusion.

13 MR. GARRETT: So either refer to
14 the earlier text or add sufficiently to make
15 this a recommendation, yeah. Very good.

16 Don, I promised I'd come back now.
17 Have we incorporated sufficient research
18 recommendations or would you like to add some?

19 DR. SCHAFFNER: No, I think we're
20 good.

21 MR. GARRETT: Okay. Any other
22 academicians, I mean, I know there's others in

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1 the house -- but is there any other
2 academician who wishes to add a recommendation
3 or anybody on the Committee? Dan.

4 DR. ENGELJOHN: Just because,
5 again, it's my lack of understanding about
6 seafood and fish, but on the bullets, I think
7 they begin like on Line 700, the one about
8 *Salmonella*. There the bullet advises that the
9 *Salmonella* should be the target organism and
10 that should be followed, but if you go back to
11 page 25, the information that you're referring
12 to is to seafood, but to some specific
13 seafoods.

14 Because I do think that people do
15 tend to read conclusions and recommendations.

16 I'm just curious as to whether or not the
17 bullet should be more explicit as to which
18 seafood products, *Salmonella*, should be the
19 target organism.

20 MR. GARRETT: I think I'm not an
21 expert on the Food Code by a shot. We have
22 some around here. If I'm not mistaken, the

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1 Food Code -- how is that worded? Scott,
2 you're kind of an expert on the seafood code.

3 How is that? It covers seafoods and other
4 foods as well. It's not just seafoods, is it?

5 DR. BROOKS: You're talking
6 Section 3401 in the Food Code?

7 MR. GARRETT: I don't know what
8 I'm -- I don't know what.

9 (Laughter.)

10 DR. BROOKS: I was having a cite
11 problem.

12 MR. GARRETT: See what I mean?
13 He's kind of an expert.

14 DR. BROOKS: I apologize. I was
15 having a sidebar, but you're talking about the
16 cooking and the D-values for *Salmonella*?
17 Yeah, and there is very little information
18 specifically on seafoods in the Food Code. In
19 the public health reasons for 3-401, it makes
20 an inference. It says because the expected
21 contamination levels are limited on the
22 interior of the seafood, that this would be

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1 adequate for destruction of the *Salmonella* on
2 the exterior surface of the seafood.

3 There is a paucity of data in that
4 as well though.

5 MR. GARRETT: Thank you.

6 So I think perhaps with that
7 information, Don, that very well might be a
8 recommendation, but Lee-Ann first and then --

9 DR. JAYKUS: Lee-Ann Jaykus, North
10 Carolina State University.

11 I was just going to agree with
12 Dan. I mean certainly molluscan shellfish
13 needs to be pulled out of that.

14 DR. ENGELJOHN: I was just going
15 to verify that. This is Engeljohn.

16 That the reference in the Food
17 Code does refer to fish, not just seafood, and
18 I know there's a difference. I'm sure there
19 is.

20 (Laughter.)

21 DR. ENGELJOHN: But because it
22 does right above that in page 23 talk about

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1 molluscan shellfish and the fact that there's
2 a limited amount of data, I just think it
3 would be better to be more clear here in these
4 recommendations and conclusions.

5 MR. GARRETT: So noted, and just
6 in the interest of transparency, let the
7 record show that I don't know much about
8 poultry --

9 (Laughter.)

10 MR. GARRETT: -- as it relates to
11 cooking, but I was a poultry pathologist for
12 *Charles Pfizer* for five years in one of their
13 laboratories. So I know the inside of the
14 chickens. I just don't know much about the
15 outsides of them.

16 Irene.

17 DR. WESLEY: Irene Wesley, ARS.

18 Line 697 on page 32, I think you
19 folks want to assure the microbial safety of
20 seafoods.

21 MR. GARRETT: On page 32, 697?

22 DR. WESLEY: Yes.

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1 MR. GARRETT: I think we may have
2 to run that by Walt Hill.

3 PARTICIPANT: (Speaking from an
4 unmiked location.)

5 MR. GARRETT: That's a little
6 sidebar humor going on in the Subcommittee
7 there.

8 But certainly a point well taken.
9 Do you have some more, Irene?

10 See, I get to do that all the
11 time.

12 Thirty-three.

13 Now, then what we did actually is
14 to give more clarifying or more information in
15 the appendix, commonly done in many documents
16 such as this, Codex and so forth. Still has
17 the same force and stature as the text itself,
18 by the way.

19 So I'll start going through the
20 references, and if anybody wants to add
21 anything or give us some advice on any
22 changes, please feel free.

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1 Page 34. Irene.

2 DR. WESLEY: I'm going to
3 recommend that at Line 734 that you actually
4 put in the D-value for Campy to show how low
5 it is.

6 MR. GARRETT: Should we do that
7 for all of them or just Campy?

8 DR. WESLEY: I'm just looking at
9 page 34.

10 MR. GARRETT: Okay, okay. Any
11 more on page 34?

12 Thirty-five. Dan or Don, rather.

13 DR. SCHAFFNER: Don Schaffner,
14 Rutgers University.

15 If we're going alphabetically,
16 *Salmonella* would be next, and *Salmonella* is
17 missing. I'm wondering if there's a reason
18 why the Subcommittee has not included
19 *Salmonella*.

20 MR. GARRETT: Yeah, the reason
21 it's missing is it was originally in the
22 appendix, and what we did was a short write-up

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1 and so we just put it in the text. That's the
2 only reason it's missing.

3 DR. SCHAFFNER: And then just as a
4 follow-up question, it looks like you started
5 off this list alphabetically and then
6 somewhere in the middle of the list it's not
7 alphabetical. If you have a logic for why you
8 had it the way it is, I'd be happy to hear it,
9 but otherwise I'd suggest you pick some system
10 for organizing it and then stick to it.

11 MR. GARRETT: We'll so note that
12 we need to put this alphabetically. How would
13 that be? Once we took *Salmonella* out,
14 everything fell apart. Ordinarily this would
15 have been done, but we were actually moving
16 very quick on this one.

17 DR. COOK: Spencer, Peggy Cook,
18 Safe Foods.

19 I would really recommend that you
20 put *Salmonella* back in that since you're
21 listing pathogens.

22 MR. GARRETT: Should we put it in

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1 word for word what we have in the text or
2 should we put some more descriptive
3 information? We probably ought to put some
4 more descriptive information about *Salmonella*.

5 I would turn to John Sofos to help
6 with that. John, if you don't mind. Okay?

7 Irene.

8 DR. WESLEY: If *Salmonella* goes
9 back in, which I think is superb, I would
10 recommend that *Listeria* also be popped in
11 there somewhere.

12 PARTICIPANTS: It is.

13 MR. GARRETT: It is.

14 Thirty-six.

15 Thirty-seven.

16 Thirty-eight. Dale.

17 DR. MORSE: It's a small point.

18 You know, several times in the text the term
19 "food handlers" is used. I guess a preference
20 for "food workers" instead of "food handlers,"
21 for states like New York that have regulations
22 against direct handling of food that could be

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1 then consumed without cooking. So the
2 preference is to not reinforce the message
3 that should be bare hand contact with food.
4 So sort of a JACUS-H term (phonetic), a
5 preference to use the term "food worker"
6 rather than "food handler" throughout.

7 MR. GARRETT: Use the term what?

8 DR. MORSE: Food worker.

9 MR. GARRETT: Food workers. Okay.

10 Remember I'm from Mississippi. Gambling is
11 outlawed in our state constitution. So we
12 renamed it gaming, and we're doing well.

13 Point well taken though.

14 Jenny.

15 MS. SCOTT: Jenny Scott, Food
16 Products Association.

17 It seems to me that there are a
18 lot of food workers that don't actually handle
19 food and this could be problematic. Can we
20 come up with a different solution that would
21 address Dale's concern as well as deal with
22 that, and then consumers that handle food that

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1 aren't workers?

2 MR. GARRETT: Linda.

3 DR. HARRIS: Well, I would just
4 ask. It seems to me that you can handle food
5 with tongs or you can handle food with gloves
6 on. You know, I understand the issue is no
7 direct contact, bare hand contact, but aren't
8 they still food handlers when you're separated
9 from direct contact with the food?

10 MR. GARRETT: Dale, I'm taken with
11 the argument to the contrary. This is not a
12 regulation we're writing here.

13 DR. MORSE: Right. Of course,
14 anybody could handle food, even all the way so
15 that it would cover workers anyway.

16 MR. GARRETT: Yeah. I think food
17 handling is a usual and customary term used,
18 you know, in CODEX documents and international
19 documents, FAO documents. I think we had
20 better stick with a popular notation. I think
21 we'd be on a little bit better ground for
22 understanding at least.

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Larry.

DR. BEUCHAT: Larry Beuchat,
University of Georgia.

Just a question out of curiosity
more or less. *Plesiomonas* is not on the
screen at all. Is that not now or has it ever
been really considered a foodborne pathogen?
I'm just curious. It's not listed here.

MR. GARRETT: Joe.

DR. MADDEN: Joe Madden, Neogen
Corporation.

I think what we tried to do,
Larry, was to take and look at what was
reported in outbreaks in the CDC, and those
were the ones that we were addressing, and
there were no cases of *Plesiomonas*
shigelloides reported.

There were?

PARTICIPANT: Yes.

DR. MADDEN: Okay. There were
some. I'm sorry. Take it back.

MR. GARRETT: I've done some

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1 things I wish I could take back.

2 (Laughter.)

3 MR. GARRETT: No, I think it's a
4 point well taken. If it's right, we ought to
5 put something in there.

6 Thirty-nine.

7 Forty. Don.

8 DR. SCHAFFNER: Don Schaffner,
9 Rutgers University.

10 It's not clear to me what lethal
11 rate means in this table, and I'm wondering if
12 you can provide some units or some
13 clarification. It's not a commonly used term,
14 at least not one I'm familiar with.

15 MR. GARRETT: Would any
16 Subcommittee member like to address that for
17 him? Jenny.

18 MS. SCOTT: Jenny Scott, FPA.

19 I think we need a little bit more
20 information with respect to this table,
21 putting it into context. There's no
22 descriptor here where it comes from. We have

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1 the information where it originates from, in
2 addition to being in the hazards and controls
3 guidance, and to Don's point, yeah, we ought
4 to provide some explanation for the lethal
5 rate.

6 MR. GARRETT: Could I rely on you
7 to grab something and submit it to us?

8 Any more comments on page 40?

9 DR. SCHAFFNER: Just a minor typo.
10 *monocytogenes* is not capitalized.

11 MR. GARRETT: Linda picked that up
12 for me.

13 Ladies and gentlemen, we've gone
14 through the document, albeit rather rapidly.
15 What we would like to do now, I think, is if
16 there are any other comments, we'd like to be
17 provided those comments in writing to -- oh,
18 I'm sorry, Irene.

19 DR. WESLEY: I had just a couple
20 of thoughts. On page 40, and it sort of goes
21 also back into 39 -- Irene Wesley, ARS.
22 Excuse me.

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1 Helminths, I'm going to assume
2 because I don't know the data, are probably
3 not as important as a risk in seafoods as,
4 say, bacteria or viruses, and somewhere I'd
5 like to recommend to the Committee that they
6 perhaps provide some risk numbers so that the
7 helminths can be categorized as either high,
8 low or medium in comparison to the bacterial
9 and viral agents.

10 Then over on page 40, Lines 910 to
11 911 --

12 MR. GARRETT: Well, let me stop
13 you right there just a minute. Certainly do
14 what you want to do, but I'm wondering why you
15 want to do it. I mean, helminths are -- I
16 mean, *Anisakis*, for example, certainly does
17 not rise to the risk of some bacterial
18 pathogens, but nonetheless it is reported by
19 CDC.

20 DR. WESLEY: But I'm wondering in
21 terms of priority.

22 MR. GARRETT: Well, that's what --

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1 DR. WESLEY: Importance.

2 MR. GARRETT: That's why I wanted
3 to know. Once you start, we were not asked to
4 do a risk assessment or prioritization of
5 risk. Once we start with one, then where do
6 you stop? I think that was the concern of the
7 Subcommittee.

8 DR. WESLEY: Okay.

9 MR. GARRETT: That's the problem.
10 Certainly it's not -- and, again, most of
11 those cases are, again, from eating raw fish.

12 DR. WESLEY: Then I had a question
13 on Lines 910 and 911. I'm a little concerned
14 about the references based on the 1979 and
15 1982 publication in terms of recency. You
16 know, supermarkets I'm going to assume have
17 changed a lot in the last couple of years.

18 MR. GARRETT: These were actually
19 done on the fish themselves. I mean, the worm
20 is going to still be there. The *Anisakis* --
21 in fact, I believe one was FDA did a study.
22 Joe, you might be able to help me out. It was

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1 done back years and years and years ago
2 looking for *Diphyllobothrium latum*, which is
3 the broad fish tapeworm, in wild salmon, and I
4 think the sample size was over 1,000, and they
5 didn't find any, but they found *Anisakis* in
6 every fillet.

7 So I think that data -- I mean,
8 that data is still there. I don't think
9 anything has changed to get the worm out of
10 the wild fish is what I'm trying to say.

11 DR. WESLEY: Then one final
12 comment --

13 MR. GARRETT: Yeah, sure.

14 DR. WESLEY: -- on Line 916 or is
15 that 915 and a half? I'm going to assume that
16 the number in parentheses is degrees
17 Centigrade.

18 MR. GARRETT: Okay. Jenny.

19 MS. SCOTT: Jenny Scott, FPA.

20 Just to Irene's point, could we
21 add a sentence at the end of Line 911 that
22 says, "No more recent data are available"?

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1 MR. GARRETT: Jenny, I apologize.
2 I didn't -- I was taking care of an
3 administrative matter.

4 MS. SCOTT: Just as an
5 administrative matter, could we add a sentence
6 at the end of 911 that says, "No more recent
7 data are available" to address Irene's
8 concern?

9 MR. GARRETT: Yeah, we'll check
10 that to make certain that's true, too.

11 Okay. Then what I would like to
12 do then if it's possible, if there are any
13 other comments that people would like to make,
14 I would like for you to forward those comments
15 using this document, and when you make your
16 comment, please indicate the page number and
17 the line number, and forward those comments to
18 Gerri Ransom, and then she'll get them to us,
19 and then we'll look at them and incorporate
20 them or talk to the Subcommittee by phone and,
21 you know, hash it out.

22 I think one of the things, if I'm

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1 not mistaken, Gerri, we actually could do this
2 -- well, I don't guess we could. I was
3 thinking we could actually adopt this report
4 by phone, but we really can't because some
5 members are going off and new members are
6 coming on.

7 So we'll have it ready for formal
8 passage at the next --

9 MS. RANSOM: Okay, yeah. We'll
10 look at the logistics of the format of the
11 meeting that we'll get it adopted at.

12 MR. GARRETT: Yeah.

13 MS. RANSOM: We might wait until
14 the next meeting.

15 MR. GARRETT: Yeah, whatever.
16 Okay.

17 MS. RANSOM: And did you have a
18 deadline, Spencer, on those comments?

19 MR. GARRETT: I would kind of like
20 November 1. That gives everybody plenty of
21 time to look at it.

22 Boy, that was a definitive pop if

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1 I ever heard one. What a pen.

2 So I again thank you for
3 participating in this exercise. I again thank
4 the Subcommittee for their hard work, and it's
5 really fun to be associated with a team like
6 you folks.

7 Thank you very much.

8 DR. GOLDMAN: Okay. Thank you
9 very much, Spencer.

10 I want to add my thanks to you and
11 your subcommittee and your staff for bringing
12 this document to the full Committee today and
13 to the Committee for beginning pretty
14 substantive discussion as well as the group
15 edit that we always do very well, I think, and
16 assist the Subcommittee as well in producing a
17 good final document.

18 So we have an assignment now for
19 the full Committee to bring any additional
20 comments back to the Subcommittee through
21 Gerri Ransom by November 1st, and I think we
22 will be poised then to have the full final

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1 document ready for adoption at the first
2 plenary session of the next Committee. So I
3 think that's the way we'll be able to handle
4 that.

5 I'm sorry. Scott.

6 DR. BROOKS: Scott Brooks, Food
7 Safety Net Services.

8 Maybe it's my parliamentary
9 background or something, but just a point of
10 parliamentary order. We did have a motion
11 that was seconded earlier. I think we kind of
12 went on past it, but probably just to close
13 the books, we should probably take a vote on
14 it or something or withdraw it.

15 DR. GOLDMAN: Thanks for that
16 reminder. I noted that in a sidebar. Yes, we
17 did have a motion to not adopt this report by
18 the full Committee today and to have some
19 further time for discussion and comment, and
20 that motion was seconded.

21 I think we saw some head nods, but
22 can we get the assent of the entire Committee

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1 to adopt that motion?

2 Is there anyone opposed to that
3 then?

4 MS. RANSOM: Can we review who did
5 the first and second motion?

6 MS. KOWALCYK: Barbara Kowalcyk
7 from Safe Tables.

8 I did the first motion.

9 DR. SCHAFFNER: And Don Schaffner
10 seconded.

11 DR. GOLDMAN: Okay. Thank you.

12 Okay. Thanks, again.

13 If you look at your agenda, we are
14 at a break. So we will do that, but before we
15 do, I just want to review briefly what's
16 coming up. After the break we'll have the
17 presentation of two draft charges to the
18 Committee. Both of them will be in the form
19 of draft charges, which indicates that the
20 presenters and the agencies that are
21 sponsoring them would like for the Committee
22 to help them refine the charges to the extent

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1 that the Committee feels it's necessary.

2 The other thing I want to note is
3 that you heard from Jenny Scott, but she
4 entered the Committee meeting during our
5 discussion on that subcommittee report. So we
6 want to welcome Jenny Scott from Food Products
7 Association to the meeting.

8 We missed one very important
9 thing. Since it is break time, to remind you
10 about where the restrooms are for those who
11 are not familiar with the building. If you
12 exit the doors right out this way, the men's
13 room is down to the left a fair piece down the
14 corridor there, and the women's room is just
15 to the right, I think, out that exit there.

16 So we are ahead of time, as is
17 somewhat customary to the plenary session, but
18 we will take our break. We'll give you 20
19 minutes for a break, and we'll reconvene at
20 that time, unless there are any comments at
21 this point from anyone else.

22 So we'll reconvene at, say, 10:25.

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1 Thank you.

2 (Whereupon, the foregoing matter went off the
3 record at 10:06 a.m. and went back
4 on the record at 10:33 a.m.)

5 DR. GOLDMAN: Before we move to
6 our draft work charges, Gerri Ransom has a
7 couple more administrative announcements.

8 MS. RANSOM: Okay. I just wanted
9 to give you the reminder to please turn in
10 your annual ethics training certificates to
11 Karen or myself before you leave today or
12 speak to us if there's a problem with that,
13 but please turn those in.

14 Also, Karen has reemphasized to me
15 that it is very important to get your travel
16 information into her for reimbursement due to
17 the end of our fiscal year. So there's our
18 second reminder on that.

19 And also, for members of the
20 public we did check out front. No one signed
21 up for public comment. So if you do want to
22 make a public comment, please sign up outside

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1 at the table.

2 Thanks.

3 DR. GOLDMAN: Okay. Thank you,
4 Gerri.

5 One other small point on the
6 agenda. There is a break scheduled after the
7 draft work charges. We will forego that break
8 unless there is a particular need, and we'll
9 let individual members take a break if they
10 need to in the interest of moving the agenda
11 along and perhaps adjourning early, as I
12 expect we'll be able to do.

13 So we now have a draft work charge
14 that will be presented by Don Zink from the
15 FDA. He will present a draft charge on
16 inoculated pack challenge study protocols.

17 FDA, just to reiterate has brought
18 this charge forward to the full Committee for
19 their input, their guidance and clarification
20 on issues that are surrounding setting up such
21 challenge studies. This is an area I think
22 we'll all agree is of critical importance to

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1 public health.

2 With that, Don.

3 DR. ZINK: Okay. Thank you very
4 much.

5 As you think about this charge,
6 put yourself in the place mentally of either a
7 state, local, or federal regulator who must
8 review the results of the challenge study, or
9 of a laboratory manager who must design a
10 challenge study that is going to be
11 appropriate and will receive favorable
12 regulatory review.

13 By way of further background, the
14 primary customer, if you will, of these sorts
15 of inoculated pack or challenge study
16 protocols are restaurant and retail food store
17 industry. They routinely do these things or
18 contract to have these done to determine
19 whether a specific food requires time-
20 temperature control for safety, and by that I
21 mean must the food be kept refrigerated or
22 must the shelf life of the food be limited.

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1 Can they get a waiver from refrigeration or
2 shelf life requirements, in other words?

3 When laboratory testing is used to
4 support this, the data is usually submitted to
5 a state or local agency or directly to the FDA
6 in the form of a variance application for
7 approval. I think it is safe to say that
8 having looked at a number of these over the
9 years, there is quite a bit of variability in
10 the quality and adequacy of these studies that
11 are submitted.

12 The submitter is responsible to
13 insure that the study is appropriate for the
14 food and pathogen of concern, and that all of
15 the necessary elements are in the study that
16 will make it a valid design and present a
17 conclusion that you can have confidence in.

18 Now, for your information, the
19 definition of potentially hazardous food or a
20 food that requires time-temperature control
21 for safety was amended in the 2005 FDA Food
22 Code. Previously the code set pH limits or

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1 water activity limits, and now the food code
2 actually gives you two tables, and these two
3 tables, one is for organisms that produce heat
4 resistant spores. The other is for organisms
5 that are vegetative organism, referring to the
6 pathogen of concern.

7 And the tables are conservative,
8 but they now consider the interaction of pH
9 and water activity, which actually made it a
10 little bit easier to get some of those foods
11 where you have an interaction of pH and the
12 water activity in the appropriate ranges
13 approved without the need to do these kinds of
14 challenge studies.

15 Nevertheless, quite a few
16 challenge studies are still done.

17 The charge then is, because of the
18 very large number of questions that come about
19 in how to design these studies; when you
20 consider the diversity of food products that
21 are out there, a lot of them ethnic foods and
22 manners of preparation, et cetera, it's really

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1 almost any -- it's very hard to come up with a
2 protocol or even a family of protocols where
3 you have a one size fits all that you can say
4 simply, "Here. Use this method and it will be
5 fine."

6 So what's really being asked for
7 here is, if you will, the strategic principles
8 and elements that have to go into designing
9 and conducting these kinds of studies.

10 The first is what are the
11 appropriate criteria that must be considered
12 for an inoculated pack or challenge study to
13 determine if a food requires time-temperature
14 control for safety. For example, the pathogen
15 of concern, are there any particular strains
16 that should be selected or avoided?

17 Are surrogate organisms
18 appropriate? How many strains? What level of
19 inoculation should be used? Incubation
20 temperatures, the duration of the study, food
21 product physical properties, et cetera.

22 By food product physical

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1 properties, if you're trying to validate a
2 food that has a particular pH or water
3 activity, then you obviously need to be sure
4 that you test that pH and water activity.
5 Believe it or not, not everybody does, or you
6 should at least pick a range or a conservative
7 value.

8 For example, that's what we're
9 after there.

10 There's a growing number of
11 mathematical models and database type models,
12 and what would be the appropriate use of these
13 and under what conditions can they be a
14 substitute for inoculated pack or challenge
15 studies, and of the ones currently available,
16 which ones are most suitable for use and what
17 are the limitations?

18 Oftentimes a retailer, take for
19 example the case of an assortment of baked
20 pies or of filled pastry, for example. You
21 can imagine how expensive it is to do these
22 studies for the regulated industry, and often

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1 times these are not large firms.

2 What are the limitations for
3 applying the results of inoculated pack or
4 challenge studies on one food to another
5 similar food?

6 Of the existing inoculated
7 pack/challenge study protocols, there are
8 several published, for example, American
9 Baking Association, NSF International, and
10 perhaps others. Which are most suitable for
11 application to a wide variety of foods? And
12 what are the limitations of these protocols?
13 Are there existing protocols that are
14 appropriate for specific food-pathogen pairs?

15 We often see that firms who have
16 knowledge of these protocols don't really know
17 what foods they can and cannot be used with,
18 and they may inappropriately pick one of these
19 protocols and use it.

20 Ultimately we think that a
21 decision tree can be developed. This is
22 something like a dichotomous tree that will

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1 aid one in going through the design of an
2 appropriate inoculated pack/challenge study.
3 We would like the Committee to develop such a
4 decision tree and then demonstrate the utility
5 of the tree with a kind of a desktop exercise
6 using a meat filled puffed pastry, cheese
7 pizza, chopped lettuce, cheese, and lemon
8 meringue pie, for example. These are typical
9 of some of the kinds of things we see come
10 before us.

11 And finally, identify the basic
12 knowledge, skills and education, training,
13 experience, and abilities necessary for a
14 multi-disciplinary work group or individual to
15 be qualified to design, conduct, and evaluate
16 an inoculated pack/challenge study.

17 We're often asked who out there is
18 competent to do these, and how do I know that
19 they're competent to do these, and it's not an
20 easy question to answer. It certainly
21 requires someone with some detailed expertise,
22 and this is what we're after here, is some

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1 sort of insightful statement as to what sorts
2 of talents and skills are required to do this.

3 With that, I open it up to any
4 questions.

5 DR. GOLDMAN: Spencer.

6 MR. GARRETT: Thank you, Don.

7 Just an observation, perhaps a
8 recommendation that this Committee for
9 seafoods actually did something very similar
10 to this a number of years ago, and you're a
11 new Committee. You might want to review that
12 document from two different perspectives.

13 One, while you're doing it, do you
14 think it's still current?

15 But then, two, there may be some
16 things in there that might be useful in terms
17 of for botulinum the cocktail strains we use
18 and so forth and so on. Just a
19 recommendation.

20 DR. ZINK: I believe we also did
21 something like this last year when we
22 considered the -- what was the name of that

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1 report?

2 PARTICIPANT: Shelf Life.

3 DR. ZINK: Oh, yeah, Shelf Life.
4 We put something in there as an appendix,
5 which is probably also relevant.

6 Yes, Gary.

7 DR. ADES: First, I'd like to
8 applaud the fact that you're getting this
9 charge. I mean, it's badly needed in the
10 industry. From several previous jobs that
11 I've had, we've needed it desperately.

12 I would ask whether this could be
13 expanded to take a look at the need that the
14 processors have for challenge studies because
15 we are continually, when I was in the
16 processing end of this business, being asked
17 to validate interventions, and we are
18 constantly challenged, in essence, to try to
19 find somebody to do this, especially with the
20 fact that we really wanted to have real life
21 conditions. So we needed to have pilot plant
22 size equipment to test it on, and we kept

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1 running into situations where we couldn't get
2 the equipment. The whole idea of how to
3 inoculate was questionable because it just
4 didn't make any sense the way things were
5 inoculated. It wasn't real life.

6 And this was especially true when
7 we came into the *Listeria* directive because we
8 were using postpasteurization, and we wanted
9 to validate the postpasteurization. And every
10 kind of protocol we saw didn't work, and we
11 finally had to design our own and ended up
12 putting pilot plant equipment in Wisconsin in
13 a lab's parking lot and doing it in January,
14 which really wasn't a whole bunch of fun.

15 DR. ZINK: That was the BSL-III
16 parking lot, right?

17 DR. ADES: Yeah. We had lots of
18 the parking lots filled up out there.

19 (Laughter.)

20 DR. ADES: But I would suggest or
21 just make the suggestion that this would be
22 extraordinarily valuable to the entire

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1 processing industry if we could put together
2 some protocols, some ideas, and some decision
3 trees in ways that people could look at this.

4 It's sorely needed out there, and
5 there is really very few people providing any
6 guidance or advice.

7 DR. ZINK: I guess when we drafted
8 this we were primarily thinking about our Food
9 Code needs, but your question is a good one.
10 I'd open it up to the whole Committee.

11 How different do you think -- if
12 we develop this for the need as it's stated
13 here primarily in the retail area, how
14 different do you think those protocols would
15 be from meeting the needs of the processed
16 food industry?

17 Gary.

18 DR. ADES: Yeah, I've been in both
19 ends of this thing, and I don't think they're
20 going to be very different at all. I think
21 they're just going to be a lot of the same
22 base-type of information, and there's going to

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1 be some variation, processor versus food
2 service operations.

3 But I think that there's going to
4 be a lot of the same thought process involved
5 and a lot of the basic criteria of selection
6 of individuals to do at the same types of
7 thing. So I think there are an awful lot of
8 similarities.

9 DR. ZINK: Scott.

10 DR. BROOKS: Scott Brooks with
11 Food Safety Net Services.

12 I would agree. I think in the
13 food processing industry the only thing they
14 would add onto it, and it would probably be in
15 the same decision tree would just be a lot of
16 the quality parameters that they would be
17 looking for, shelf life for non-safety
18 reasons. But I would concur.

19 DR. ZINK: I guess if there's no
20 further questions -- oh, excuse me. Don.

21 DR. SCHAFFNER: Don Schaffner,
22 Rutgers University.

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1 As someone who is on the IFT panel
2 that drafted the first report, I'm a little
3 puzzled because except for point six, I
4 thought we addressed in that report one
5 through five. Now, I think it would be great
6 to take another crack at this, to have a
7 larger number of people take a look at it.

8 What would be very helpful to me
9 would be if the agency could identify in the
10 context of the IFT report specifically what's
11 there that's not sufficient so that we don't
12 spend time here at NACMCF reinventing the
13 wheel, and that we focus on adding onto the
14 work that was already done by the IFT panel.

15 DR. ZINK: I think it's a question
16 of detail and audience. What we're looking to
17 come out of this is a document that, for
18 example, a regulatory in the state or local
19 level can sit down with, someone who may not
20 even be a microbiologist or have a great deal
21 of experience in microbiology and judge the
22 adequacy of a design and the merits of the

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1 conclusion from it.

2 I see the IFT report was a kind of
3 a top level scholarly document, not that we
4 don't want this work to be scholarly, but it
5 has to be a front line kind of document that's
6 usable in that context.

7 DR. SCHAFFNER: And thank you.
8 Don Schaffner, Rutgers, again.

9 That's a very helpful
10 clarification because one of the things that
11 we were specifically forbidden to do in the
12 IFT panel was to talk about implementation and
13 practicality. We were asked to write a
14 scientific document. So that's a very, very
15 helpful clarification.

16 Thank you.

17 DR. ZINK: Spencer.

18 MR. GARRETT: Thank you.

19 Spencer Garrett with NOAA
20 Fisheries.

21 I would add to both what Scott and
22 Gary has said. I think if you're including

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1 processes, it wouldn't be that sufficiently
2 different. Of course, there will be nuances
3 in the commodities and the pathogens, of
4 course.

5 Are you including seafoods in
6 this?

7 DR. ZINK: There's no limitation
8 on it.

9 MR. GARRETT: Great.

10 DR. ZINK: We get all sorts of
11 requests. Actually seafoods are one of them.
12 You know, with I guess --

13 MR. GARRETT: No, no. That's
14 fine. I would certainly support the inclusion
15 of seafood.

16 DR. ZINK: I'm thinking cold
17 smoked salmon and some of those other things,
18 yeah.

19 MR. GARRETT: Yeah, that's fine.

20 DR. ZINK: Alejandro.

21 DR. MAZZOTTA: Don, since his
22 Question 6 is the one that is important, it

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1 seems like it is targeting the training and
2 education that the person designing the study
3 needs to have, and since this is going to be
4 submitted to local and state regulatory
5 agencies, should we consider there also the
6 communication or education that local health
7 departments and officials should have to
8 interpret those data?

9 DR. ZINK: Well, that's a good
10 point. That's a tough one, too. You don't
11 always have that kind of skill set in a
12 reviewer.

13 I think that should be addressed
14 by the Committee. It's a good point.
15 Certainly whoever reviews this is going to
16 have to have a certain level of competency in
17 order to determine whether or not even if they
18 have a detailed guide in front of them,
19 whether or not, in fact, the report they're
20 looking at meets that. So that's a good
21 point. I'll put that down.

22 Okay. Spencer, did you have

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1 something?

2 MR. GARRETT: Yeah, upon
3 reflection I was just thinking that perhaps
4 since you're including seafood, and I
5 certainly support that, why don't you add one
6 more thing to your decision tree and use a
7 fishery product as well?

8 DR. ZINK: Use fishery? Okay.

9 MR. GARRETT: Yeah. I think
10 you'll get broader utility that way.

11 DR. ZINK: Okay. Irene.

12 DR. WESLEY: Irene Wesley, ARS.

13 I had a question for you, Don. Is
14 part of the preparation for this Committee
15 going to involve the chair procuring documents
16 or models from the industry, for example, on
17 the decision trees to see what they have?

18 DR. ZINK: Yes, I think we would
19 do that. I think we could easily provide you
20 with the models and the links and previous
21 efforts in this regard, ABA, NSF, the IFT
22 report. Sure.

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1 If no further comments, I'll turn
2 it back to you.

3 DR. MAZZOTTA: Don, one more
4 question. Alejandro Mazzotta with McDonald's
5 Corporation.

6 Is this something that eventually
7 will be brought to the Conference of Food
8 Protection, something that will be included in
9 the Food Code or in the future? You can think
10 about, well, how is this going to be managed
11 in the future.

12 DR. ZINK: I am not that expert
13 with what would or would not go in with the
14 Food Code, but I think that certainly at a
15 very minimum this effort would want to be
16 introduced and discussed at length at the
17 conference. I mean, that's clearly the people
18 that need to know what we're doing and why and
19 buy into it.

20 As to whether or not it could be
21 published in the Food Code, that's an
22 interesting question, you know. Certainly I

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1 guess it could be.

2 Okay. Thank you.

3 DR. GOLDMAN: Thank you, Don.

4 With this draft charge, what we
5 would like to do is if there are any
6 additional comments that you would like to
7 have considered by FDA and refining this work
8 charge, please get those comments to Gerri
9 Ransom, and she will get them disseminated to
10 those at FDA who will be working on this
11 charge, and the intention would be that we
12 bring a formal charge to the next plenary
13 session for acceptance by the Committee. Is
14 that okay?

15 All right, good.

16 MS. RANSOM: November 1st will
17 work for this as well.

18 DR. GOLDMAN: Okay. Thank you.

19 All right. We will move now to
20 the next draft work charge, and representing
21 FSIS will be Jim Withee. Jim Withee is a
22 Fellow with the American Association for the

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1 Advancement of Science. He is on assignment
2 to FSIS. He is beginning the second year of
3 his fellowship with the Risk Assessment
4 Division in FSIS.

5 This charge is to help the agency
6 and other interested parties to develop the
7 most appropriate technologies for the agency
8 and other regulatory agencies to adopt in
9 performing routine and baseline
10 microbiological analyses.

11 FSIS is seeking comments on how to
12 best construct this charge, and I think
13 hopefully everybody has a copy of it. I think
14 it's in your book, and there's some on the
15 table as well.

16 The goal of this project is to
17 yield the most useful information to FSIS and
18 others in the public health community
19 regarding technologies that can be used to
20 improve food safety testing.

21 So with that, Jim Withee. Thank
22 you.

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1 DR. WITHEE: Thank you, David.

2 Yes, I just want to say at the
3 outset I really want to thank Gerri Ransom and
4 Uday for inviting me to give this
5 presentation. It's a topic that's very dear
6 to my heart because in my background of
7 molecular biology, my knowledge of molecular
8 biology and genetics runs deep, and my
9 knowledge of food safety and public health is
10 still fairly shallow. So keep that in mind.

11 But it's a really exciting time to
12 be reevaluating technologies for foodborne
13 pathogen testing. Several years ago FSIS
14 adopted PCR-based assays as a screening
15 methodology for detecting pathogens and made
16 great gains in the speed and specificity of
17 their tests.

18 And since that time our
19 understanding of the organisms' genomes and
20 our ability to detect sequence differences has
21 just made leaps and bounds in terms of cost
22 and time and the scope of data you can

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1 collect.

2 So David already did a really good
3 job summarizing the charge, but I wanted to
4 reiterate it here and make a couple of points.

5 What we're discussing here are the
6 most appropriate technologies for FSIS, and I
7 have just briefly 15 or 20 minutes of
8 background to bring people up to speed on what
9 FSIS wants from the microbial analysis, what
10 kind of data we might want in the future, and
11 what are our standards right now for the
12 assays that are in place.

13 And there's an ominous addition to
14 the charge in that FSIS expects the charge
15 will be a long term project. I'd like to
16 focus a little bit on that, too, because it's
17 a very broad charge, and I think part of the
18 task here will be to really prioritize,
19 separate, break it down into small parts.

20 And then again, what we're really
21 going to talk about here are most appropriate
22 technologies, and that's what I want to give a

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1 little background into.

2 So this is an overview of the
3 background just for the next 15 minutes, and I
4 want to make clear that I think these things
5 go best as a dialogue. So please interrupt,
6 tap your desk, raise your hand, and comment
7 and ask questions at any time as I'm going
8 over some of these topics.

9 First, we're going to talk briefly
10 about microbial analysis at FSIS, and that
11 just includes the programs where we collect
12 data currently, as well as how that data is
13 applied at FSIS in their food safety mission
14 and the methods that are in place at labs
15 right now. Okay? So this is what is.

16 I'm going to talk about important
17 analysis parameters, and by that I mean what
18 should an assay -- what kind of parameters
19 should an assay have to be effective. Okay?

20 And these are some of the
21 parameters that I think are of importance to
22 FSIS, and we'll talk about not only what these

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1 parameters are and why they're important, but
2 how the assays that we have in place are
3 meeting that right now.

4 So that can become kind of the
5 standard. It has to be this or better, right?

6 Because this is what we've got now.

7 And then considerations. These
8 are just interesting topics to consider when
9 you're looking over technologies, and I've
10 only picked a few because we don't want to sit
11 in here for days, right? But I think some
12 interesting topics to address are how data is
13 acquired and transferred so that it can be
14 aggregated and analyzed and applied.

15 What type of feature are you going
16 to detect? And I have just a brief thought
17 about protecting DNA features versus protein.

18 Another really important topic for
19 the upcoming years, I believe, in microbe
20 detection is going to be serotype versus
21 genotype, and I have some brief thoughts on
22 that. And I think it's a really interesting

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1 topic.

2 And then, finally, technologies
3 are apt to be applied in different
4 environments, particularly in the future, and
5 I think there are different needs within in-
6 plant technologies versus laboratory
7 methodologies, and also potentially in the
8 future the way we test and baseline studies
9 versus the regulatory testing requirements.

10 And then we have the charge
11 question. These are looming up, of course, as
12 the most important part.

13 So what do we do now? This is
14 sort of the 50,000 foot kindergarten view.
15 FSIS basically has two programs where they
16 acquire most of their microbial data. We have
17 regulatory sampling, and there are the
18 national baseline studies.

19 And I know everybody is familiar
20 with this, but I just want to get people
21 thinking in context.

22 So of course, the regulatory

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1 programs are where FSIS samples product from
2 federally inspected establishments. Baseline
3 studies really are formulated to determine the
4 national or nationwide prevalence of a
5 particular pathogen in particular products,
6 and they are pretty different.

7 So regulatory data is primarily
8 applied at FSIS for verification of safety and
9 for regulatory actions. There are other
10 applications, too. I mean, I only list a few.

11 I don't even know a comprehensive list, but
12 of course, recall looms large with regulatory
13 data, and plant corrective actions if
14 adulterated product is found, and then other
15 applications. So this is the way this
16 analysis is used.

17 Now, the baseline data is used
18 pretty differently. A primary use within FSIS
19 would be setting performance standards for
20 regulatory purposes. So we can keep that in
21 mind, but also it really forms the foundation
22 of most of the science-based programs and

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1 policies and risk analysis at FSIS. This is
2 how we find out the nationwide prevalence of
3 pathogens in our products.

4 And when you think about the
5 baseline studies that FSIS does, they're
6 really important. I mean, I really believe
7 this. There are many stakeholders who depend
8 on the baseline studies for information, and I
9 just listed a few here: industry, academics,
10 and all kinds of public health agencies, state
11 and local, FDA, CDC.

12 FSIS is uniquely positioned to
13 collect samples all over the country in all of
14 these establishments in a way that basically
15 nobody else is in the U.S.

16 So in the end though we don't want
17 to lose sight of the fact that both these
18 programs, of course, are important because
19 they merge to give us increased food safety,
20 and that is the overlying theme here with our
21 testing programs.

22 So what about the laboratory

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1 methodology? I want to describe now what's
2 actually happening in FSIS labs when they do
3 regulatory testing. And most of this
4 information I gleaned because I'm actually now
5 working out in Alameda at the Western Lab and
6 from Emilio Esteban and John Rivera (of FSIS)
7 out there, I was able to get an in depth look
8 at how they actually analyzed samples, and I
9 think this is really a useful starting point.

10 If you're going to consider changes, you've
11 got to know what's in place now.

12 So here's a pathogen I'm bringing
13 down. It's going to be *E. coli* 0157. All of
14 the testing protocols are similar, but
15 different, and I'm not going to discuss the
16 differences so much as lay out a typical
17 protocol for 0157 and then we can look at a
18 time line and expenses and specificity and so
19 forth.

20 So here's our pathogen. On day
21 one the sample shows up at the lab. Okay?
22 And there's a 24-hour enrichment step where

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1 you use a culture condition that's specific
2 for the pathogen you want to assay.

3 On the second day there's a batch
4 PCR screen for three loci in the bacteria.
5 Okay? And based on the outcome of this
6 screen, which is actually very rapid and very
7 effective -- we'll talk about it in a moment -
8 - the screen itself only takes about four
9 hours and only one hour of that is hands on
10 time.

11 Based on the output of that screen
12 if the same is negative, it's considered
13 negative and it's discarded. If it's
14 positive, then there's a whole series of
15 confirmatory tests that take place, and most
16 of these look at antigens on the surface of
17 the bacteria using specific antibodies, and
18 you know, metabolic properties and biochemical
19 properties in growth type assays. It's a very
20 extensive confirmation process. There are
21 many assays that get done.

22 So that's days three to five, and

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1 after that it's sent on for further
2 characterization. Okay? This means serotype,
3 antimicrobial resistance, and in many cases
4 PFGE patterns.

5 Now, I just want to bring up the
6 fact to emphasize I should test for multiple
7 pathogens, and now I've brought in *Listeria*
8 and *Salmonella*, right? And each of these
9 undergoes a similar process, but they have to
10 be done independently because all of the
11 steps, the enrichment, the PCR screen, the
12 confirmatory testing, everything is specific
13 to the pathogen of interest.

14 So if you want to test for three
15 pathogens in one product, you have to do three
16 completely separate protocols, and the time
17 frames are similar, although 0157 is actually
18 faster than *Salmonella* or *Listeria* for
19 technical reasons.

20 So I just want to bring up a
21 subtle point now looking at this slide. The
22 first is the enrichment step, the 24-hour

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1 step, is probably a great place where you
2 could save time. The PCR assay is already
3 really fast and really effective, but having
4 to enrich for the bacteria for 24 hours is
5 killing that first day. Otherwise you'd have
6 results in four hours, right, in a fantasy
7 world? So that's a good place to look at sort
8 of targeting the assay.

9 I don't know if people can see the
10 screen. It's kind of dimmed out.

11 The second thing is -- so that
12 brings us down now. We've skipped a day
13 because we're not enriching anymore. So we're
14 able to skip that step.

15 The second thing is we're able to
16 use technologies to test for all three bugs in
17 parallel in the same assay because you are
18 lacking the specific enrichment step. Then
19 you collapse this thing laterally.

20 So now we've saved resources and
21 time in a three-fold way, right? Not only are
22 we skipping the enrichment step. We are

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1 testing for all three pathogens in one sample
2 at the same time on the first day.

3 It's my opinion after looking at
4 this step for several months that there are
5 technologies available if they were chosen
6 correctly that would allow you to do this. In
7 some cases, you might have to make some
8 compromises in terms of sensitivity, but we
9 can talk about that in a moment. So just keep
10 that in mind.

11 I think that vertically
12 eliminating that first day and collapsing the
13 assay into a more multiplexed form are great
14 places to look at.

15 Okay. So what kind of parameters
16 are important in our analysis, right? And
17 there are many, but I just picked these three
18 quantities because I think they cover some of
19 the more important aspects:

20 Time and expense. Can you make it
21 faster? Can you make it cheaper?

22 Sensitivity and specificity of the

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1 assay.

2 And in the scope of the analysis,
3 how much data do you get from the sample?
4 What do you learn about it?

5 So it's briefly to show what's
6 important about these analyses and where FSIS
7 is with them.

8 DR. WESLEY: Can I ask a question?

9 DR. WITHEE: Yes.

10 DR. WESLEY: Irene Wesley, ARS.

11 Are sensitivity and specificity
12 okay?

13 Could you define selectivity? Is
14 that bias in the enrichment?

15 DR. WITHEE: Yeah, and actually,
16 you know, when I discuss this, I'm only going
17 to talk about sensitivity and specificity, but
18 I think selectivity would refer to false
19 positives.

20 Let me push on with the
21 discussion. I'm sorry about that. Actually,
22 yeah. Exclusivity and inclusivity, when I

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1 discuss this I'm going to talk just in terms
2 of sensitivity and specificity and talk about
3 specificity in terms of positives, percentage
4 of positives identified and negatives
5 identified.

6 So time of analysis, why is it
7 important? It really impacts at least three
8 things that happen in FSIS situations. The
9 time for analysis of a sample is important for
10 the response time in an outbreak, for product
11 recalls, and in test and hold situations when
12 a product is being tested in industry.

13 And I think it is fairly obvious.

14 I'm just bringing the point up though that
15 when you reduce the time for analysis you're
16 going to speed up all of these processes as
17 well, which is a good thing.

18 And where are we now? I already
19 showed the methodology, but I think it's
20 useful to show it on this time line.

21 Day one, sample arrives. Between
22 day two and three you get screen results

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1 depending on the pathogen. For 0157 it's on
2 day two. For *Listeria*, it's a little longer.

3 Between days three and five you
4 have a presumptive positive. This is based on
5 partial confirmation and a positive outcome
6 from the screen.

7 And then between days five and
8 eight, depending on the pathogen, you get a
9 final positive.

10 From there, after day eight, the
11 samples are sent on for further
12 characterization, and this includes the
13 serotyping, antimicrobial resistance, and PFGE
14 patterns.

15 In terms of expense, these were
16 numbers that the chief microbiologist at the
17 Western Lab worked up and was kind enough to
18 tell me, first, you know, why is it important,
19 right?

20 Microbial analysis is really at
21 the heart of a lot of what FSIS does, and they
22 spend a large amount of resources and time

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1 testing a lot of samples every year to support
2 policies and regulations.

3 So, you know, increasing your cost
4 effectiveness here or your public health
5 benefit for dollar in this area at FSIS would
6 be an impact just because of the scope and the
7 importance of the problem.

8 So where are we now? It's about
9 88 to \$98 a sample depending on the pathogen,
10 and this does not include the further
11 characterization. This just includes the
12 final result.

13 So now I apologize for that,
14 Irene, for the confusion there. Some of these
15 terms honestly were new to me, too, but I
16 think we have got good definitions here with
17 sensitivity and specificity, and it includes
18 selectivity.

19 The sensitivity will be the
20 percent of true positives that a test
21 identifies, and what's related to this and
22 what I'll discuss about the assays that are in

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1 place now, of course, is the limit of
2 detection that has to be considered here,
3 which can be reported in colony forming units
4 per gram or whatever in your sample.

5 And there's specificity, which can
6 be defined as the percent of true negatives
7 that a test identifies, and this is related to
8 positive predictive value and negative
9 predictive value.

10 So I just put together this little
11 diagram showing sensitivity and specificity.
12 If you have a pail and it's full of yellow
13 marbles and down in that pail are a few red
14 square marbles, right, there can be a tradeoff
15 between sensitivity and specificity in some
16 assays depending on how they detect.

17 So an assay, for instance, that
18 had a very high sensitivity but a very low
19 specificity would find all three red squares
20 in this case, but it would also identify
21 wrongly several yellow marbles. Okay?

22 Conversely, an assay that had the

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1 opposite properties that had a very high
2 specificity and low sensitivity, it would only
3 find red squares, but it wouldn't do as good a
4 job at detecting all of them in this pail.

5 So right now FSIS scores very
6 high. Regulatory testing is really aimed at
7 optimizing these parameters. In talking to
8 them, the PCR screen alone has almost 100
9 percent sensitivity and specificity. It's a
10 very sensitive assay, and it's very specific.

11 It's well over 99 percent of the positives
12 are confirmed with confirmatory testing.

13 And limit of detection is very
14 low. It's one colony forming unit per 25
15 grams, which I consider to be very good.

16 So what about the scope? What do
17 you learn at FSIS when you analyze a sample?
18 I think this becomes important, too, because
19 as FSIS is bringing more science into the
20 policies, more risk analysis into their
21 regulations, different kinds of data are being
22 required.

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1 This is what we're collecting
2 currently. Definitely you get genus and
3 species. So I just put some examples here,
4 *Salmonella, Listeria, E. coli.*

5 We also don't carry this out
6 ourselves, and we will show this in a second,
7 but serotype information is collected on FSIS
8 samples, too. So for *E. coli* that includes
9 just looking for 0157, but for *Salmonella* it's
10 very extensive.

11 Antibiotic resistance, information
12 on the samples is collected by ARS, and PFGE
13 patterns are done for some microbes, for some
14 samples routinely and for others only in
15 particular situations, but this is kind of the
16 scope of data that can be collected about a
17 sample.

18 So now I want to just bring up a
19 few considerations and then we'll start
20 introducing the charge questions and hopefully
21 have some good discussions surrounding the
22 choices here.

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1 The first kind of consideration
2 you can have is with data acquisition and
3 transfer. Then we'll talk DNA versus protein,
4 genotypes and serotypes, and some different
5 applications.

6 So I brought this map of the
7 United States, and I realized from the plan on
8 the way here I was trying to look at the
9 acquisition and I have a hard time finding
10 Iowa on a map, but I did get it figured out.
11 My geography is also weak. See how you guys
12 would do on this right now, probably better
13 than me.

14 I brought up this is a situation
15 that would happen at the Western Lab. Okay?
16 And this is how we acquire our data. It's
17 kind of fun.

18 So there's Emilio at the Western
19 Lab in Alameda in California, and say he gets
20 in a sample of poultry and he confirms that
21 it's *Salmonella*. So he's shouting it out from
22 there, right?

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1 One thing that has to happen is
2 it's going to get sent to NVSL to be
3 serotyped. Okay? And NVSL is going to shout
4 back, "It's Heidelberg," and this is an
5 extensive process that's going to require a
6 fair amount of time and expense and antibodies
7 which have to in most cases be produced in the
8 animals and so forth.

9 But he's not done yet, right?
10 Because he also -- don't want to take out DSL
11 -- he needs more. So he's also going to send
12 it to ARS, and they're going to do antibiotic
13 resistance testing on it using growth assays.

14 Okay? And ARS is down there in Athens,
15 Georgia, and they're going to shout back,
16 "Gentamicin," right? That's the resistance
17 they found in it.

18 But he's still not done. He's
19 going to send it out to the FSIS Eastern Lab
20 where they're going to do a PFGE test on it,
21 and they're just going to shout back with a
22 bunch of "damns" because that's what the PFGE

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1 results look like.

2 So you can see that -- and this is
3 just one scenario. PFGE could be done in
4 other places, and depending on the sample type
5 things could be different, but it's not an
6 atypical scenario. Okay?

7 So there's four labs collaborating
8 to collect the different types of information,
9 all using different types of technologies.

10 So what about the data transfer
11 and aggregation? So now we have these four
12 spots, right? And they're all on the screen
13 twirling, and they've all got important
14 information about a single sample with a
15 unique identifier. Okay?

16 And in the middle of this thing we
17 have our sophisticated food safety experts
18 sitting at their computer, and they want to
19 access all of the information about a
20 particular sample, right?

21 So our food safety expert, she
22 wants to be able to say, "Look. Sample ID,

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1 you know, 10,410 AB. What was the antibiotic
2 resistance? What was the PFGE pattern? What
3 was the microbes found in it? How many
4 microbes were found in it? Serotypes," et
5 cetera, right?

6 This is what has to happen, and it
7 does happen, but as far as I know, there's not
8 an automated system where all of this
9 information is reported to a single database
10 for repository so that it can be easily
11 aggregated and searched in an effective way.

12 And I think that's one more thing
13 to look at when we're looking at new
14 technologies. This will not require Star
15 Wars. I know the computer technology is not
16 the limiting factor here. I'm not going to
17 pretend I understand what is because I don't,
18 but this would be nice.

19 Currently this data is aggregated
20 all the time and searched effectively, but it
21 takes human power, and our risk analysis in
22 the middle there is too small for that.

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1 So now I want to bring up another
2 consideration, which is detecting features of
3 the microbe, and I have some considerations
4 here of DNA versus protein that are very
5 shallow because I didn't want to eat up a lot
6 of time, but come out to California and have a
7 beer with me, and we can go on and on, right?
8 But I think this is interesting.

9 And put out this diagram which
10 again are hard to see. On the right is a
11 ribbon structure of a protein. So that's
12 going to be our protein column. On the left
13 is a double helix representing our nucleic
14 acids. The protein is a ribbon structure of
15 RAS, which is a nice and famous structure and
16 has nothing to do with bacteria, but it will
17 do.

18 So here's my final just like one
19 word take. I don't want to list too much. I
20 believe what you'll find as you look at the
21 technologies is that currently, and this I
22 think will be changing over time, but

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1 currently relative to protein, DNA detection
2 assays are going to excel at detecting a huge
3 scope of information, very affordably and very
4 accurately. You're going to be able to look
5 at many, many, many traits within the bacteria
6 relatively cheaply compared to analyzing many,
7 many, many, many proteins present. Okay?

8 On the other hand, I think with
9 current technologies, you're going to find
10 that protein detection is going to have at
11 least two advantages. They tend to be faster
12 because the kinetics of protein binding can be
13 very specific. Because the protein binding
14 can be very specific, the kinetics are very
15 rapid relative to DNA hybridization or
16 amplification. Okay? A lot of protein
17 detection technologies are very rapid. They
18 really are real time.

19 And they also demonstrate
20 expression of a trait, and it had been brought
21 up to me before, well, if you detect a genetic
22 trait in a food product, how do you know it's

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1 actually being expressed. Is it really a
2 threat just because the gene is present?

3 I have my own take on that, but
4 finding the protein definitely demonstrates
5 the final product of the gene has been
6 produced, right?

7 These are just a couple of things
8 to think about and comment on as you're
9 looking over these.

10 What about genotype versus
11 serotype? I think this is going to be very
12 important. We're already in the midst of a
13 very important shift here potentially, and
14 again, I just put up two figures. On the left
15 is an actual sequence readout of DNA, and on
16 the right is a cartoon of a cell expressing
17 some antigens on the surface, and I put it up
18 because you can see the obvious complexity of
19 the genetic information versus the single
20 protein antigen represented on the surface of
21 the bacteria.

22 My main point here is that when

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1 you detect the genotype of an organism, you
2 learn a lot more about it that's relevant to
3 its pathogenicity than you do when you detect
4 one or two antigens on the surface and call
5 that the subtype.

6 And, in fact, genomic studies over
7 and over are beginning to find in these
8 bacteria that there's more genetic variation
9 within some serotypes than between them,
10 right? It's not necessarily the most
11 meaningful way to classify bacteria anymore
12 even though it has done us in good stead up to
13 now.

14 And some other considerations. In
15 addition to the fact that detecting the
16 genotype delivers a lot more detailed
17 information about the organism, it also is apt
18 to cost less and be faster. Raising
19 antibodies is an expensive process, especially
20 if they're raised and harvested from animals,
21 and in addition it's timely.

22 So now I just want to finish up

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1 here with one more final consideration, which
2 is the specificity of the applications to the
3 technology. Okay? So I want people to
4 consider as we're looking over technologies
5 the charge is very broad. There could be
6 applications that are within plants versus the
7 laboratory. This is one distinction. And in
8 this case in the lab you don't have time to
9 really do a detailed analysis, right?

10 Whereas in plant, I think you're
11 going to detect fewer quantities with small
12 devices that are extremely rugged. Okay? So
13 they may have a very limited range of
14 detection, but they're going to work rapidly,
15 and they're going to be able to withstand
16 field conditions, whereas in lab testing is
17 where you're going to really gain your
18 detailed information about products and have a
19 more extensive analysis of them.

20 Likewise, I think there's
21 opportunity when you're comparing data from
22 national baseline studies with the uses of

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1 regulatory data to utilize slightly different
2 technologies that have gives and takes in some
3 of the parameters we talked about.

4 The amount of confirmatory testing
5 that goes into confirming a positive for
6 regulatory purposes is extensive, and it's
7 probably important for regulation, but I'm
8 wondering if it might not be worth considering
9 doing baseline studies where you collect a
10 large scope of data to inform, you know,
11 science-based policies and risk models, but
12 you sacrifice some of the confirmatory
13 testing.

14 So there may be a little more
15 uncertainty hovering around the data, but
16 you're going to have a lot more of it to
17 populate some of these decision making
18 policies.

19 And then finally, the last bit I
20 want to bring up here, and then I'm finished
21 up and we'll go through the charges, is, you
22 know, the final consideration, of course, is

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1 balancing public health with the burden of
2 resources, and so I put this scale in here,
3 and on one side we have public health. On the
4 other side we have FSIS resources and the
5 burden to industry.

6 When you're considering
7 technologies for use in the FSIS environment,
8 I think this is the balance that you're trying
9 to keep in mind.

10 So that's kind of a lot and people
11 are quiet, but are there any questions on the
12 background before we move to the charges here?

13 Okay. So the first charge -- yes.

14 Oh, I'm sorry.

15 DR. BEUCHAT: Larry Beuchat.

16 Under the important analysis
17 parameters, you did not list the criterion to
18 be able to determine or distinguish dead from
19 living cells or byproducts that may be toxic
20 to humans. Is this a given in the approach
21 that the FSIS is taking?

22 DR. WITHEE: Do you know what?

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1 That's a really good point. So as I said, the
2 considerations are a brief list, and I think
3 in regulatory situations it's mandatory at
4 this point that we determine there's a living
5 organism in the product, and someone else can
6 speak to this.

7 That's true, right? So, yes, I
8 think that's an important consideration.

9 DR. BEUCHAT: So if you skip the
10 enrichment and go directly to PCR, is that
11 technique or some technique molecularly-based
12 going to be able to tell you whether the cell
13 is living or dead?

14 DR. WITHEE: There are some
15 indications that some of them could. For
16 instance, there are DNA binding dyes that are
17 excluded by intact membranes that actually
18 will affect the outcome of some of these
19 assays.

20 In addition, I could envision and
21 I was showing that first screen where we
22 collapsed out the first day and then we

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1 laterally collapsed it by bringing in the
2 other organisms. I can envision that being
3 still a first screen, and then you don't spend
4 time to do the additional culturing and
5 confirmatory tests until you get a positive,
6 and you do it for only the pathogens that were
7 present.

8 So those are some scenarios, but
9 you know, you bring up a very good series of
10 issues.

11 DR. MENG: Jianghong Meng,
12 University of Maryland.

13 Is PCR sensitive enough to detect
14 a pathogen without enrichment?

15 DR. WITHEE: So sensitive enough
16 starts to begin the issue. Without getting
17 into the lab and doing some pilots, I'm not
18 sure just standing here how far down the limit
19 of detection will drop, but I will say this.
20 The way that PCR assay is run currently, it's
21 probably not the very most sensitive way to
22 detect and amplify specific loci.

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1 In a minute here I'm going to talk
2 about considering a larger scale genotyping
3 type assay that would probably depend on
4 detecting many, many loci and then using
5 universal primers to amplify out the initial
6 amplicons, which can increase the sensitivity
7 in many cases.

8 So I think it could be a little
9 better than the assays that are being used now
10 in terms of the limit of detection with no
11 enrichment, but I don't know how far down it
12 could go until we get into the lab.

13 MR. GARRETT: Spencer Garrett,
14 NOAA Fisheries.

15 Following on Larry's question, you
16 responded that there's some indication
17 relative to you may be able to segregate, if
18 you would, or account for, even more
19 importantly numerically account for the dead
20 cells, but some indication and a definitive
21 answer -- some indication is not a definitive
22 answer.

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1 So I guess my question is, just so
2 I understand it, that what you're inferring is
3 that the degree of sophistication of the
4 technology at present cannot, in fact, do that
5 from a regulatory perspective where we have
6 microbiological numerical criteria relative to
7 regulation.

8 DR. WITHEE: You know what? It's
9 a really important issue, and I'm not going to
10 stand up here and make a definitive call on
11 that right now. I'm just going to be honest
12 and say I have never worked with -- well --

13 MR. GARRETT: That's fair enough.

14 DR. WITHEE: Okay.

15 MR. GARRETT: But there are a lot
16 of microbiologists around this table. Can
17 anybody here answer my question in the
18 affirmative?

19 The question is: is the
20 technology that's under discussion, PCR, is
21 the technology sufficiently sophisticated
22 enough to segregate out the dead cells from

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1 the live cells in cases where we have
2 regulation premised upon the number of the
3 bacteria?

4 DR. JAYKUS: Lee-Ann Jaykus, N.C.
5 State University.

6 The answer is no. Basic PCR
7 methods detect DNA only, and the literature is
8 very clear that DNA is stable from dead cells
9 and for very long periods of time.

10 You can potentially move to an RNA
11 target which has some indication of viability
12 depending upon the RNA target that you deal
13 with, but the reality is that that's really
14 tricky.

15 And so the take home message
16 really is that the molecular -- and I'm sure
17 that most of the people who work in this field
18 would agree with this -- the molecular methods
19 are more sophisticated than are the sample
20 preparation methods that we have that can be
21 applied prior to or pre-PCR screening.

22 MS. KOWALCYK: Barbara Kowalcyk,

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2 I have a question that may be not
3 a dumb one, but from a public health
4 standpoint, does it really matter whether
5 there's live, for example, *E. coli* versus dead
6 *E. coli*? Doesn't it indicate at some point
7 that there was a contamination of the product,
8 whether it was live or dead, and it just
9 happens to have died? And isn't that useful
10 information to help determine whether or not
11 regulatory action needs to be taken or some
12 improvement needs to be taken in the process
13 in the plant?

14 DR. WITHEE: I agree. I will be
15 quiet after this. I agree there is much use
16 in detecting pathogenic traits in a sample,
17 even without taking the further steps to
18 verify whether or not it's currently alive in
19 the sample. It tells you something about the
20 sample that's important to know.

21 In addition, I just wanted to come
22 back to the comment of is it impossible to use

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1 a molecular technique to differentiate living
2 cells versus dead cells based on detection of
3 DNA traits. I think it is possible, and it's
4 not just by using straight PCR. I tried to
5 infer this, but there are DNA binding dyes
6 that actually will inhibit the PCR reaction
7 that don't have access to the DNA and intact
8 cells.

9 So you have at least the ability
10 to detect whether or not soluble material is
11 intact with intact membranes.

12 DR. ZINK: I want to second what
13 Lee-Ann said. I agree. The answer is no.
14 You can't rely on PCR now to only detect
15 living cells.

16 However, I have put this challenge
17 to our scientists, and while they have not
18 come to me with a method and a proof and
19 validation, I think that there's a number of
20 them that are now thinking along these lines
21 of stratagems that would allow you to detect
22 only living cells, and I think it remains to

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1 be seen whether they'll achieve that goal, the
2 one that satisfies all of the stakeholders
3 involved.

4 To the question of is it important
5 to know whether it is living or dead, I think
6 when you're dealing with processed foods, yes,
7 it is important to know whether it's living
8 or dead. There are many microbial pathogens
9 that are unavoidable. Indeed, this is why we
10 process those foods.

11 And as a regulator, you do have to
12 answer the question is this product safe, is
13 this product adulterated, is there a living
14 organism in here which has either survived the
15 process or recontaminated the product.

16 But I also admit that there are
17 situations where even detecting a dead
18 organism can provide some useful information
19 to history.

20 MR. GARRETT: And then just not
21 to, in quotes, overcook this, I just want to
22 point out the nature of my question was from a

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1 regulatory perspective, and I certainly agree
2 it's nice to have all of the information that
3 you can get, but as you're doing your baseline
4 surveys, when we talk about baseline surveys,
5 we're going to have to account for that
6 criterion, dead or alive, both ways, and then
7 you may get erasure or something you can do.

8 But particularly in processed
9 foods, I agree with Don that that's why we
10 process them, to get rid of the pathogens.

11 MS. KOWALCYK: If I may, I would
12 agree with you in the baseline surveys where
13 you're ideally trying to find the prevalence
14 of these bacteria in the food supply, but in a
15 regulatory setting, of course, is it
16 necessary?

17 Obviously there's something wrong
18 with the process in the plant or whatever
19 where there was contamination introduced into
20 the food product. So it would be useful to
21 know whether or not the bacteria -- even if
22 there was dead bacteria introduced.

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1 DR. GOLDMAN: Walt.

2 DR. McNAMARA: Ann Marie McNamara,
3 Silliker Labs.

4 But to answer the question about,
5 you know, dead versus live and is there
6 something wrong with the process, you know,
7 having dead cells after it has gone through a
8 carcass wash says that the carcass wash is
9 effective or pasteurization of milk says, you
10 know, your pasteurization step was effective.

11 You know, having been a former
12 regulator, you have to regulate based on live
13 cells, and while I understand where you're
14 coming from, you know, I think we have to be
15 very cognizant of the statutes and the purpose
16 of the baseline studies, et cetera, and the
17 regulatory programs. Because what I would say
18 to the Committee is this charge is just too
19 big.

20 We can have this huge, esoteric
21 discussion about all of the foibles of micro
22 testing and what's coming up like

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1 nanotechnology, but nanotechnology is not
2 here. You know, do you want us to look at
3 something that can be applicable in the next
4 two years? Do you want us to focus on the MLG
5 methods and give a recommendation of how they
6 could be strengthened with current
7 methodologies, or you know, do you want us to
8 sit here and talk about future technology that
9 might not be here for six years?

10 DR. GOLDMAN: If I may, Ann Marie,
11 thank you for that comment. I think that
12 you've raised some important considerations.
13 I don't know if you're already reacting to the
14 questions because we haven't gone through them
15 yet --

16 (Laughter.)

17 DR. GOLDMAN: -- but, I mean, you
18 may have read them, and I appreciate that, but
19 I think we have recognized in trying to
20 develop the charge that, as Jim pointed out,
21 it is broad at least in its concept. We have
22 actually anticipated there might be, as you

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1 said, this would be a long term project that
2 might be broken into parts, and some would
3 have some short term applicability and,
4 therefore, be more focused and others might be
5 longer term and a little bit broader.

6 Our agency is certainly aware, as
7 I think is the rest of the public health
8 community, that, to use PulseNet as an
9 example, they are looking out for the next
10 generation. They have solidified our use of
11 PFGE, but recognize that that's not the be all
12 and end all in terms of detecting pathogens
13 and using that particular aspect or trait or
14 characteristic to detect pathogens and to
15 match them with others. There are other
16 subtyping methods that are necessary and
17 useful for various purposes.

18 So our agency wants to make sure
19 that we are aligned and in step with the rest
20 of the public health community as they move
21 forth with new technologies that will help us
22 all better understand the relationships

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1 between organisms and help us apply our
2 regulations better.

3 So I appreciate your comments, and
4 I hope that has addressed it a bit, and we
5 will, I think, get to it a bit more with the
6 questions and further discussion and your
7 comments to help us refine the charge.

8 I think Walt was next.

9 DR. HILL: Thanks, David.

10 Walt Hill, USDA, retired.

11 I have several things. I think
12 that the first thing that governs how you're
13 going to look at laboratory methods is really
14 what the data is going to be used for, and
15 those are mostly policy questions, and without
16 a clear understanding of what questions policy
17 is asking, we can't really evaluate how
18 methods are going to provide those answers.

19 And even though it said the charge
20 is fairly broad, I think it's -- and I don't
21 know if this needs to be incorporated or not
22 because it would make it broader -- but there

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1 are up front issues that need to be decided.
2 For example, what is the basic study design?

3 Because if you have an ineffective
4 study design no matter how good your
5 laboratory methods are, you're going to get
6 the wrong answers.

7 And secondly, what goes into your
8 laboratory is as critical, if not more so,
9 than what comes out. So if you have garbage
10 in, garbage out, and that's the issue of
11 sample collection.

12 And I think that those two issues,
13 study design and sample collection, are
14 integral toward increasing your confidence in
15 the laboratory results, and you can have the
16 fanciest nanotechnology sensor array of
17 whatever. If you haven't addressed fully the
18 implications of the design and sample
19 collection, you're going to be misled.

20 Thank you.

21 DR. GOLDMAN: Thank you.

22 We had -- Robin King has been

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1 waiting. Just a minute, and then we'll get to
2 Barbara.

3 LTC. KING: Robin King, Department
4 of Defense.

5 I guess I just kind of wanted to
6 bring up the point that it was my
7 understanding that some of the molecular
8 methods like PCR and even immunocapture are
9 very good and very fast, and I think we all
10 agree with that, but as Lee-Ann pointed out
11 earlier, some of our food matrices can affect
12 those tests, and I wonder if perhaps we should
13 be looking at methods of isolation so that
14 once we get them to these machines, the
15 testing will go faster.

16 DR. GOLDMAN: Thank you.

17 Barbara.

18 MS. KOWALCYK: Barbara Kowalcyk,
19 Safe Tables Our Priority.

20 I wanted to concur with Walt here.
21 I've had a personal interest in the microbial
22 testing that FSIS does for quite some time,

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1 and it really is at the heart of HACCP, and
2 it's very important.

3 And there has been several
4 criticisms, myself included as well as other
5 groups, of the design of both the regulatory
6 sampling program and the microbiological
7 baseline surveys, and certainly -- I was going
8 to bring this up later -- but certainly
9 looking at, you know, first clearly defining
10 what you're hoping to achieve with these
11 programs, you know, you have to ask the right
12 question and design the study to answer that
13 question and then make sure that you have
14 good, solid, statistical methods that you're
15 employing and sampling methods.

16 And I agree. I've used the term
17 many times. Crap in gives you crap out.
18 Garbage in gives you garbage out, and you
19 know, you will limit the interpretability of
20 your data if you don't carefully design these
21 studies, and I would agree with Walt
22 completely. You should almost take a step

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1 back, take a look at what the basic premise
2 for these studies is and what you're really
3 trying to achieve, and then get into the
4 laboratory methods and all of that kind of
5 stuff.

6 DR. GOLDMAN: Thank you for that
7 comment.

8 I think this Committee has advised
9 FSIS previously about baseline studies in
10 particular, and I think the Subcommittee
11 charged finally with this work charge would be
12 well advised to consult those previous reports
13 and consider some of the things you're
14 suggesting right now.

15 Are there any other comments or
16 questions before we quickly run through the
17 questions themselves? Okay, Irene.

18 DR. WESLEY: Irene Wesley, ARS,
19 Ames, Iowa.

20 First of all, I want to commend
21 FSIS for taking the initiative in this most
22 exciting adventure. All right? It's forward

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1 thinking. I think when you say to keep in
2 step with, I would like to suggest that you
3 take the lead as opposed to taking the step
4 with.

5 The ideas that you have presented
6 are right on target, and hopefully you've been
7 able to interact with some of the ARS folks in
8 the Albany area which I think are pursuing
9 similar thought processes. So, again,
10 congratulations to FSIS.

11 DR. WITHEE: I think I'd just like
12 to comment on that. Obviously ARS will be an
13 integral part of development and
14 implementation of any technologies. That just
15 makes a lot of sense.

16 And there are many sophisticated
17 genomics projects going on in a lot of ARS
18 facilities and I'm aware of a lot of them.

19 DR. GOLDMAN: That's a good point.

20 DR. WITHEE: And also Robin
21 brought up the point about isolation of
22 pathogens, from the specimen being important

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1 to the testing, and I consider that to be part
2 of the methodology, and it is a critical part,
3 especially if you're going to move to start
4 avoiding enrichment steps and cut off that
5 first day.

6 DR. GOLDMAN: Why don't we run
7 through the questions, and we'll just present
8 the questions that we've drafted to this
9 point, and of course seek any input you have
10 now or later, up until November 1st.

11 DR. WITHEE: Absolutely, and that
12 was a good discussion. Already we've incited
13 a lot of thought here.

14 So in terms of what are the most
15 appropriate technologies, I just brought in a
16 couple of bubbles here. How would they be
17 validated? Implementation models, i.e., are
18 these technologies being used in other
19 institutions that are similar or equivalent to
20 FSIS?

21 The second question is a question
22 that asks you to specifically consider a large

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1 scale genotype assay. I think it's
2 particularly relevant, and I showed in that
3 first slide how you could collapse laterally
4 the parallel testing protocols into one large
5 multiplexed assay, and I really believe it's
6 possible, but I believe it will not be done
7 through DNA hybridization or by detecting the
8 amplicon onto the way they currently are.

9 If you want to go for a massive
10 genotyping assay or not massive, but a large
11 scale multiplexing, I think you want to detect
12 SNPs or single nucleotide polymorphisms, and
13 such an assay -- and there are many being used
14 commercially and in research -- are capable of
15 identifying thousands of different loci in a
16 sample very cheaply because adding additional
17 features when you're working in these kind of
18 high input systems is no more expensive than
19 testing ten. Okay? If you can render ten or
20 50, you can do 1,000 in a single sample.

21 And since you're detecting SNPs,
22 you can do a lot. You can get a lot more

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1 data, and we can get it a lot faster. And so
2 in some ways I'm just throwing these out. You
3 could identify multiple pathogen species or
4 strains in a single sample. It's very fast.
5 It's very cost effective, and it's high
6 throughput. So it's research efficient.

7 And in addition to identifying
8 species and genus, you could also identify
9 virulence factors, antibiotic resistance
10 genes, and serotype equivalence through
11 genovirus.

12 So how would this kind of thing
13 work? This is cut from one of the slides I
14 showed earlier where I was going over the
15 methodology in place now, and you can see
16 we've got our bacteria with the enrichment
17 staff, a screen based on screening a few loci
18 in the bacteria, confirmatory tests, and then
19 it's sent off to several different
20 laboratories for further characterization.

21 I would say that a large scale
22 genotyping assay, if it's done properly could

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1 potentially eliminate the enrichment step and
2 it could replace what's happening now in the
3 PCR screen and at least equivalence for a lot
4 of what's happening in the further
5 characterization just in terms of saving time
6 and resources, and it can integrate all of
7 the pathogens into a single assay, all of that
8 information for them. Okay?

9 Because what we'll be able to do
10 is from a single sample detect, for instance,
11 1,000 traits that you choose, which is more
12 than enough to identify three species or four
13 species of bacteria, give you some epi data in
14 terms of important genotypic markers, give you
15 a genovar, find important virulence factors,
16 and so forth.

17 If you wanted live specimens at
18 that point, you could go back and just culture
19 or use antibodies to isolate for a very
20 specific type of bacteria rather than doing it
21 for all three every time, something like that
22 to consider.

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1 So SNPs I think are small genetic
2 changes in general that can't be detected
3 through direct hybridization are probably a
4 good alternative here.

5 And in terms of detecting the
6 amplicons in the largely multiplexed assay
7 like this, you won't detect them by a simple
8 labeling of just like one, two, three. You
9 really need to bring them to universal matrix.

10 So you'll use universal primers, which are
11 just kick ass and specific, right? So you
12 amplify the heck out of everything
13 equivalently after the initial binding step
14 where you query. Okay?

15 And maybe this makes more sense to
16 someone with a molecular background than
17 others, but all you need to know is you bring
18 in primers that are much more effective than
19 the ones that you're using to amplify directly
20 off the genome right now.

21 And then so this is a three primer
22 extension assay. It's very good at detecting

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1 SNPs, which are single nucleotide
2 polymorphisms, very small changes in DNA
3 sequences that can distinguish fine
4 differences.

5 Very high throughput. Within a
6 single sample a lot of companies will offer a
7 matrix that will allow you to do 1,000 SNPs in
8 one well, in a 96-well plate. So you could
9 run, you know, thousands in parallel by
10 stacking 96 well plates.

11 And it's quantitative. I think it
12 will be difficult. It's my opinion now,
13 although you'd have to go into the lab. I
14 think it would be difficult to come back and
15 say, "Oh, it's this many CFUs of *Salmonella*
16 *Kentucky* in the sample." But I think it will
17 be very feasible to say there's ten times more
18 *Kentucky* than *Heidelberg* in this sample, or
19 there's 12 times more, you know, *Listeria*
20 *monocytogenes* than *Listeria*-whatever. Okay?

21 Because relative differences,
22 since it's all being amplified by the same

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1 primers, you can actually get into a linear
2 range, the reaction, and make relative
3 comparisons which could be useful in some
4 cases.

5 So are there questions about that
6 before I move to the next charge?

7 Okay. So the third charge asks
8 which of these technologies are applicable
9 immediately and which for the future. There
10 was a really poignant question brought up
11 earlier. What are we being asked here? And I
12 agree the charge is large and cumbersome taken
13 as a whole.

14 So part of what can be done here
15 is going over, and this is one of the first
16 questions to consider: are you looking at
17 long term applications or short term?

18 Ideally we want to do both, right?

19 The agency needs to be looking into the
20 future and into what can be done immediately
21 and how they will merge. I know it's
22 complicated, but the advantage to considering

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1 them both up front is what you can implement
2 things immediately that are going to merge
3 well with what you implement later. Because
4 when you buy infrastructure and train
5 employees to implement a new technology, it's
6 nice to have things that merge kind of
7 seamlessly later rather than having to
8 completely throw things in the dumpster,
9 right, and start over?

10 So in some ways there is an
11 advantage up front to thinking about what you
12 want to do now and what you want to do in ten
13 years and seeing if there's any way to set
14 them up to flow well.

15 Enumeration is a huge issue at
16 FSIS. I mean, it's not done typically, but
17 it's discussed a lot because currently we get
18 very good data on the prevalence of pathogens
19 in regulatory and baseline type studies, but
20 very little data is available on the load of
21 the pathogens.

22 And of course, that's important

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1 when assessing the risk for foodborne illness,
2 not just the prevalence but how much of it is
3 on a product.

4 So I think this is something that
5 needs to be considered carefully. If you can
6 add in enumeration in any way, it can be of
7 great benefit.

8 Currently enumeration technologies
9 require basically plating and counting. Those
10 are the best and most solid ways, and they
11 work. But they're time consuming.

12 DR. ENGELJOHN: Engeljohn with
13 USDA.

14 I just wanted to point out one
15 thing for the Committee to consider there is
16 we did add the term "indicator organism" there
17 because we're not just concerned with the
18 pathogens. We are concerned with the
19 indicators. Hopefully as we get fewer and
20 fewer pathogens on the products it will be the
21 process control that will tell us whether or
22 not the conditions are such that the pathogens

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1 may be there, but the indicators may be better
2 for us to be looking at as a regulatory agency
3 and use that information.

4 So it's important to consider more
5 than just pathogens. Indicators that may not
6 be pathogenic, but indicators are what we're
7 looking at.

8 DR. WESLEY: Irene Wesley, ARS,
9 Ames, Iowa.

10 Just to let the group know, as I'm
11 sure you know, there are at least two
12 commercial systems that are available for
13 enumerating *Campylobacter* and *Salmonella* in
14 turkey ceca, which is a really dirty matrix.

15 DR. WITHEE: And I actually don't
16 know a lot about food science. I mean just
17 briefly they work on optical density of
18 cultures or how do they operate?

19 DR. WESLEY: They're PCR-based.

20 DR. WITHEE: They are? So they're
21 extrapolating back from PCR amplicon levels to
22 --

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1 DR. WESLEY: It's a direct
2 detection for campy with absolutely no
3 enrichment, and for *Salmonella* we're
4 extrapolating back.

5 DR. WITHEE: Excellent. I'd like
6 to talk to you more about that afterwards
7 actually. That's very interesting.

8 Thank you.

9 So this gets back. Remember I had
10 the question about Iowa and Georgia and could
11 I find them on the map, right? The type and
12 format that the data is captured in is really
13 important, and that's being considered in this
14 charge.

15 I guess currently the data is
16 captured, and I don't guess. It's true the
17 data is currently captured from the BAX PCR
18 assay, for instance, in a digital format where
19 it's transferred directly to databases in-
20 house in the labs where it's captured. It's
21 more of that second part, to transfer an
22 aggregation where it's actually sent to a

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1 central repository that would need to be
2 considered, and are we adopting technologies
3 that readily lend themselves to being
4 implemented in that kind of a database
5 structure?

6 And of course, these large scale
7 genotype assays or anything else that's high
8 throughput like that is, because the final
9 step is you put the plate into a reader,
10 right? And everything is acquired digitally,
11 and from there it can be sent in an automated
12 fashion to anyone that should have access or
13 put into a central repository or anything that
14 seems most desirable there.

15 It's really the rear end of the
16 question because once you capture the data,
17 just like people talk about the front end, the
18 data is no good if the sampling regime isn't
19 set up properly.

20 The data is also no good if after
21 it is captured it's not assembled properly.

22 And then finally, a really

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1 important issue is human attribution, and so
2 from our point of view when we're testing in
3 meat and poultry products, what technologies
4 are apt to give us the most information about
5 human attribution?

6 And at least part of this is going
7 to merge with what types of information is
8 being obtained from clinical samples. What
9 are you finding in diarrhea and vomit from
10 patients? And what kinds of traits are they
11 testing for and how can we actually match our
12 products to those illnesses better?

13 And this like the enumeration is a
14 real important topic for the present and
15 future of FSIS. I think that this is a really
16 important issue to address.

17 So that really is the final charge
18 question. Yes.

19 MR. GARRETT: Two things. You
20 couldn't hear me?

21 I want to build on Irene's
22 comments. We certainly applaud also FSIS

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1 taking this very advanced approach, and you
2 know, we all know that the only thing in life
3 that's inevitable is change and methods are
4 going to change, and this is the wave of the
5 future, without a doubt.

6 And I think it would be very
7 helpful at least to me, but I think probably
8 to all of the other Committee members. I
9 believe you indicated we could have the same
10 November 1st date to send in some comments to
11 Gerri.

12 I think it would be very helpful
13 if you would E-mail your presentation to
14 everybody so that we can really quietly
15 reflect about this a little bit. Without a
16 doubt, this is where we're going, you know,
17 and it would be very helpful for us to
18 actually review it again and formulate our
19 recommendations.

20 DR. WITHEE: Thank you.

21 We can E-mail it out to the
22 members as well as post it on the NACMCF

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1 Website.

2 Barbara.

3 DR. KOWALCYK: Barbara Kowalcyk,
4 Safe Tables Our Priority.

5 I would also like to really
6 applaud and commend the agency for bringing
7 this important topic to NACMCF.

8 I think Questions 5 and 6 are
9 crucial. I wouldn't really -- and actually
10 Question 6 in the document we received is
11 different than Question 6 that's up there. I
12 think that these are crucial front end
13 questions.

14 In the document that I received,
15 Question 6, "what technologies especially from
16 those suitable for FSIS testing would provide
17 the type of data useful in risk assessment
18 attribution models for human illness, and what
19 tests could assist in yielding data that would
20 translate into risk profile for a given
21 product operation?" which is different than
22 what's up there.

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1 These are really front end
2 questions, and they really get back at the
3 design of the study and statistical methods
4 and data collection methods. And of course, I
5 know the agency is working diligently towards
6 a risk-based inspection model, and this
7 certainly would go hand in hand with that.

8 I would hope that before we start
9 tackling the technologies, which I believe are
10 probably also very important, Questions 5 and
11 6 really need to be front end and really
12 looked at at the same time. What are the
13 purposes of these sampling programs, and how
14 are you going to not only design the study?
15 How are you going to collect the data and how
16 does the agency have the appropriate
17 information technology infrastructure to
18 enable you to do that in the most efficient
19 and expedient way?

20 But I do applaud the agency. I
21 think this is an important topic, and I really
22 look forward to working on it.

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1 DR. GOLDMAN: Thank you. Thank
2 you, Barbara.

3 I'm not sure who was next, Walt or
4 Lee-Ann. Walt.

5 DR. HILL: Thank you. Walt Hill,
6 USDA, retired.

7 It seems to me that a lot of the
8 methods or a lot of the regulations are, in
9 fact, method dependent. All of the baseline
10 studies that were done in the '90s generated
11 performance standards, and that's what the
12 people are expected to make, and if we should
13 by some good fortune of scientific advancement
14 be able to develop more sensitive methods,
15 what happens to those old performance
16 standards and what's the regulatory apparatus
17 that needs to be in place to adjust for that?

18 And I ask that as a practical
19 question that the agency needs to be ready to
20 consider and perhaps even start working on it
21 before even any methods are proposed.

22 And a similar question is the

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1 difference between regulatory testing and
2 baseline studies. one of the desires perhaps
3 would be to have better, faster, cheaper,
4 maybe not so specific or accurate methods for
5 baseline studies so you could do more and
6 collect more information. But if that's the
7 case, how do you use those to develop
8 performance standard regulations and use
9 different methods than in the regulatory
10 laboratories?

11 And the final issue is industry,
12 perhaps not as big as FSIS, but for their own
13 sake they like to use FSIS methods to keep
14 themselves covered, and what is industry going
15 to react to when they see some very high tech
16 and perhaps expensive to implement methods
17 that the agency is moving toward?

18 Not real scientific questions.
19 Just sort of practical, regulatory
20 applications.

21 Thank you.

22 DR. WITHEE: Thank you.

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1 Dan, do you want to respond at
2 all?

3 PARTICIPANT: I mean, to the first
4 part of his question, which I think was, you
5 know, consider the regulatory context for
6 making any changes, and clearly we do consider
7 that and need to consider that. I mean, our
8 regulations are what they are, and they
9 specify as you pointed out very particular
10 ways and methods for arriving at various
11 endpoints in terms of data, and if we make
12 changes as is being suggested by this charge,
13 then our policy has to move with it, yes.

14 Dan.

15 DR. ENGELJOHN: This is Engeljohn
16 with FSIS.

17 And I agree that the policy
18 ramifications are part and parcel to what we
19 have to do here, but from the perspective of,
20 I think, these charges that we're working with
21 here in terms of the questions, I think it's a
22 given that we will have to develop the policy

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1 in concert with, and that will be a public
2 process.

3 But from the perspective of where
4 I am as a risk manager anyway, it becomes even
5 more imperative that we're also attending to
6 the issues of infectious dose and making sure
7 that we're dealing with the issues of what
8 constitutes a level for which there's
9 adulteration versus evidence of processes
10 being out of control.

11 As we get better, more specific,
12 and refined information I think those
13 questions become all the more important, but
14 as a risk manager, I see them as separate
15 things that will be done in concert with.

16 And so we really are looking at
17 what is the best available information to find
18 out what's there and what the relevance is of
19 that information, and then from that, take
20 that and develop appropriate strategies that
21 will address that from a public health
22 perspective.

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1 So I think not that I can direct
2 this Committee to do anything, but from the
3 perspective of it is helpful to me as a risk
4 manager anyway to know what information is
5 there and then we deal with the other aspects
6 of it probably in another charge later as we
7 go through this process.

8 DR. GOLDMAN: Thanks, Dan.

9 Lee-Ann.

10 DR. JAYKUS: Lee-Ann Jaykus, North
11 Carolina State University.

12 Thank you for bringing all of that
13 stuff up, Dan, because I think what I'm going
14 to say at least addresses some of that.

15 The first thing I want to say is
16 that you guys need to be aware, and I think
17 several people are, that there was a very
18 recent FDA AOAC contract that looked into
19 methods validation and verification. It's a
20 huge document. I have been told it is
21 available publicly. It came out about a month
22 ago.

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1 So we don't want to reinvent the
2 wheel here, and probably in refining the
3 charge that document should be looked at
4 first.

5 The second thing is that I look at
6 the scope and I think it really, really needs
7 to be limited, and without telling you how it
8 should be limited, my personal opinion, and I
9 do a lot of work in this area in methods
10 development, is that there are some key things
11 that absolutely need to be considered.

12 One is pre-PCR or what I tend to
13 call upstream sample processing prior to
14 detection.

15 The second is this whole idea of
16 the molecular target. Should it be DNA?
17 Should it be RNA? Should it be a protein?

18 Particularly with respect to
19 viability, we absolutely have to develop
20 enumerative assays. That's critical for what
21 Dan was just saying, and so that needs to be a
22 major consideration.

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1 I think we need to look at this
2 point in time about what is practically like
3 within the next five years going to be
4 available. Nanotechnology is wonderful, but
5 it is not going to be available in the next
6 five years for applications to foods. So I
7 think we can talk about those things as
8 coming, but I don't think those are practical
9 technologies for tomorrow.

10 DR. GOLDMAN: Barbara.

11 DR. KOWALCYK: Barbara Kowalcyk,
12 Safe Tables Our Priority.

13 I just wanted to come back to
14 something that Walt had brought up. That is
15 the microbiological baseline surveys and the
16 performance standards. I mean, it's my
17 understanding that HACCP was built really on a
18 statistical quality control, and the idea is
19 you would be continually updating performance
20 standards.

21 There has been some -- I know the
22 National Academy of Sciences looked at the

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1 derivation of the performance standards from
2 the microbiological surveys. It would be
3 helpful to know if that's something you're
4 going to want the subcommittee working on this
5 to be also considering the derivation of that.

6 DR. GOLDMAN: Thank you.

7 Walt.

8 DR. HILL: Well, since turn about
9 is fair play, I'd like to make a charge to
10 FSIS, and that is to pursue the area of
11 developing regulations that will be, if
12 possible, method independent, but certainly
13 not as tied closely to methods as they are
14 now, and also to, if possible, develop
15 regulations that will be a little more broader
16 in scope than one particular genus and
17 serotype when we know we have other members
18 that essentially have the same public health
19 impact as 0157 does.

20 I know that was done ten, 12 years
21 ago for expediency, but it has caused a lot of
22 problems during this past decade because we

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1 were unable to take action on pathogens in
2 food that need to have those things addressed.

3 So it's a little off topic, but I
4 think that's only fair since you've given us a
5 very broad topic as well.

6 DR. WITHEE: Actually that point
7 about serotype versus genotype is super
8 important, and I should have emphasized that
9 more in that if you're really detecting the
10 genetic risk within that sample, i.e., you are
11 looking for shiga toxin producing genes and
12 virulence factors, not for a particular cell
13 surface antigen on the bacteria --

14 DR. HILL: We can have all of the
15 excellent molecular techniques you want to
16 have, but if we don't have the regulatory
17 apparatus to take advantage of those results,
18 it's of academic interest.

19 DR. GOLDMAN: All right. Are
20 there any other comments or questions or
21 clarifications needed for this?

22 I think from the agency point of

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1 view we've gotten a lot of very helpful input
2 into our effort to refine the charge.

3 I need to correct something, a
4 word I used earlier. These two charges now
5 that you've heard from FDA and FSIS will be
6 refined based on any further comments and
7 presented to the Committee at the next plenary
8 session, not for acceptance, but just for
9 work. So I wanted to clarify that.

10 (Laughter.)

11 DR. GOLDMAN: Spencer.

12 MR. GARRETT: I just need to make
13 an announcement before we go to the public
14 comment period.

15 DR. GOLDMAN: Okay. So I think I
16 want to thank Jim Withee very much for coming
17 out. You probably flew over Ames, Iowa on
18 your way here from California.

19 (Laughter and applause.)

20 DR. GOLDMAN: And so I do
21 appreciate your work and the work of your
22 collaborators that you showed on your last

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1 slide for presenting this and providing a
2 stimulating presentation, and we'll keep
3 working on it. So I appreciate that.

4 We are 15 minutes ahead on our
5 agenda, but we're at a break. So I want to
6 gauge the Committee members. It's up to you
7 all if you want to take a short break or forge
8 ahead.

9 Okay. We will move ahead then.

10 We have not been notified of
11 anyone in the public that they are interested
12 in making a comment, but before we move to the
13 public comment, Spencer had an announcement.
14 I'm sorry.

15 MR. GARRETT: Yes. It won't take
16 long, but some of you know Dr. Al Rainosek
17 very well. He's our statistician that's
18 worked very diligently with this Committee and
19 has shared some of the same concerns that you
20 share, Barbara, but he was involved in a very
21 serious car accident, oh, six weeks or so ago.

22 A semi-trailer truck ran over his car, spent

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1 a lot of time in the hospital. He's now in a
2 rehabilitation center, and they do anticipate
3 full recovery, but it's going to take some
4 time.

5 So I just thought I'd bring that
6 up to the Committee.

7 Thank you.

8 DR. GOLDMAN: Thank you, Spencer.

9 Are there any members of the
10 public who wish to make a comment at this
11 point?

12 (No response.)

13 DR. GOLDMAN: All right. Seeing
14 none and hearing none, we will move to the
15 final part of our agenda. As you heard at the
16 beginning we are at the end of the work of
17 this particular Committee, and we have four
18 members of this Committee whose term has
19 expired or who otherwise will not be members
20 of the next Committee, two of whom are present
21 with us, and we want to recognize the service
22 of those two Committee members and publicly

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1 thank them for their service to the Committee
2 for these past two years and for some of them
3 many years before that as well.

4 The two members who aren't here
5 who are leaving are Patty Griffin from the
6 CDC, who could not be here today because of
7 the *E. coli* and spinach outbreak and her work
8 on that. And then John Kvenberg from FDA
9 (retired), another long term member of the
10 Committee is not here with us, as well.

11 But we do want to recognize Larry
12 Beuchat and Kathryn Boor for their service,
13 and we'd like for you two to come up and be
14 recognized for your service.

15 (Pause in proceedings.)

16 DR. GOLDMAN: I just would like to
17 take a moment to read the letters, if I could.

18 Larry and Kathryn and the others will have a
19 letter signed by Dr. Raymond and Dr. Brackett,
20 the Chair and Co-chair of NACMCF.

21 "We at the Departments of
22 Agricultural and Health and Human Services,

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1 with our colleagues at the Department of
2 Defense and Department of Commerce, wish to
3 thank you for providing your scientific
4 expertise to further insure the health and
5 welfare of American consumers. The subject
6 matter expertise you brought to the National
7 Advisory Committee on Microbiological Criteria
8 for Foods allowed for lively scientific
9 debates on a variety of topics. We value the
10 contributions you made and appreciate the time
11 and effort you provided to discuss challenging
12 issues.

13 "On behalf of the sponsoring
14 agencies, we would like to award you with this
15 certificate of appreciation and thank you for
16 being a member of the NACMCF and making it
17 such a success. We have the utmost confidence
18 that you will continue to make very important
19 contributions toward the safety of the
20 American food supply. We extend our best
21 wishes and thank you for a job very well
22 done."

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(Applause.)

DR. GOLDMAN: We also have a very nice parting gift. It's a clock for those who can't see from the back there.

(Whereupon, at 11:11 a.m., the meeting was concluded.)